

FOR: _____ (Print Name)

This form is to advise family and friends of my decision to choose cremation for my final disposition. Once this form is filled out correctly, signed and witnessed, it is valid under the laws of Oklahoma.

The following instructions are what I want done after my death in regards to my cremation decision:

A: This is what I want done with my ashes: (select one)

Scatter Mail Place in a National Cemetery at no cost to my family Release to: _____

B: This is the person (or persons) with whom I have made my wishes known and whom I have entrusted with my cremation decisions:

| | | |
|--------|----------------|--------------------|
| _____ | _____ | _____ |
| (Name) | (Relationship) | (Telephone Number) |
| _____ | _____ | _____ |
| (Name) | (Relationship) | (Telephone Number) |

C: Select one of 3 items below:

- I do want a memorial service
- I do not want a memorial service
- I have no opinion regarding a memorial service _____

D: Select one of 3 items below:

- I do wish to have my body viewed before cremation
- I do not wish to have my body viewed before cremation
- I have no opinion regarding my body being viewed before cremation

I, _____ (Sign) being of sound mind, state that, after my death, I want my family and all others concerned to follow my wishes as stated in this Cremation Declaration Form. This form is meant to replace any information in regards to my final disposition that went before today, (today's date) _____.

Statement of Witnesses

(2 are necessary) I, the witness, state that the person who signed the "Cremation Registration and Declaration" form is known to me and has signed this form in my presence. He/she appears to be of sound mind and not under duress, fraud or undue influence.

| | | |
|---------------------------|-----------|--------------------|
| _____ | _____ | _____ |
| (Signature of Witness #1) | (Address) | (Telephone Number) |
| _____ | _____ | _____ |
| (Signature of Witness #2) | (Address) | (Telephone Number) |

Vital Statistics

(The following information is necessary for the death certificate. This information is kept strictly confidential)

| | | |
|--------------------------------------|--|----------------|
| _____ | _____ | _____ |
| Address | City, State | ZIP Code |
| _____ | _____ | _____ |
| Telephone Number | Date of Birth | Place of Birth |
| _____ | _____ | _____ |
| Sex _____ Race _____ | Check one of the following: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Name of Spouse _____ | Wife's Maiden Name _____ | |
| Occupation (before retirement) _____ | Education Level _____ | |
| Father's Name _____ | Mother's full maiden Name _____ | |

Veteran? Yes, please provide a copy of Discharge.

(800) 994-7337 | TulsaCremation.com

This "Cremation Registration and Declaration" Form will be kept on file with Cremation Society of Oklahoma. For any changes call 800-994-7337

9120 S Toledo Avenue
Suite 100
Tulsa, OK 74137
(918) 499-8787



2103 E 3rd Street
Suite 101
Tulsa, OK 74104
(918) 599-7337

To Pre-pay Your Cremation Plan

1) Choose Your Plan

| | | |
|---|---------|---------|
| <input type="checkbox"/> Just a Simple Cremation | \$1,654 | \$_____ |
| <input type="checkbox"/> Smart Cremation with Scattering & Name Inscription | \$1,954 | \$_____ |
| <input type="checkbox"/> Flexible Cremation with a Nationwide Price Guarantee | \$2,349 | \$_____ |
| <input type="checkbox"/> Veterans Simple Cremation | \$1,654 | \$_____ |

2) Add Additional Items

| | | |
|--|----------------------|---------|
| <input type="checkbox"/> Death Certificates | _____ @ \$16.50 each | \$_____ |
| <input type="checkbox"/> Mailing of Ashes | \$205 | \$_____ |
| <input type="checkbox"/> Scattering of Ashes in Rolling Oaks with Name Inscription | \$300 | \$_____ |

Additional Out of Area Transportation

| | | |
|---|-------|---------|
| <input type="checkbox"/> Zone 1: 31 - 50 miles | \$100 | \$_____ |
| <input type="checkbox"/> Zone 2: 51 - 100 miles | \$145 | \$_____ |
| <input type="checkbox"/> Zone 3: Over 101 miles | \$225 | \$_____ |

TOTAL \$_____

3) Complete & Sign the Registration & Declaration

4) Enclose your Check or Money Order & Mail

Mail your Cremation Registration Form

along with your check or money order to:

Visa/MC Amex Discover

Cremation Society of Oklahoma

9120 S. Toledo Ave., Ste 100

Tulsa, OK 74137

Card #: _____

Exp: _____ CID: _____

Name on card: _____

Tell us where to mail your Receipt and Registration Cards:

To Whom _____

Street _____

City, State _____ ZIP _____

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