



CREMATION SOCIETY OF
SOUTH CAROLINA
WESTVILLE FUNERALS

Mail this form to:
Cremation Society of SC-Westville Funerals
6010 White Horse Road
Greenville, South Carolina 29611
Or call to register 864-269-5073 FAX 864-269-5075
Register on-line at www.cremationsocietyofsc.com

Membership Registration Form

(This information is required for the death certificate and any obituary listings)

DEATH CERTIFICATE INFORMATION (REQUIRED)

Name _____ Phone _____
First Middle Last

Address _____ City _____ County _____

State _____ Zip Code _____ Social Security Number _____

Sex _____ Date of Birth _____ Birthplace (city and state) _____

U.S. Armed Forces ☐ yes ☐ no (if yes, please enclose a copy of discharge papers) Branch of Service _____ Rank _____

Marital Status ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced Spouse's Name (with Maiden Name) _____

Usual Occupation (NOT "RETIRED") _____ Type of Business _____

Employer _____ How Long _____ Education (highest grade completed) _____

Hispanic Origin ☐ Yes ☐ No Race _____ (American Indian, Black, White, etc. - Specify)

Father's name* _____ Mother's name* _____
First Middle Last First Middle Maiden Name

* indicate deceased

Email _____ (Alt. Email) _____

Next Of Kin/Informant Information:

Name _____ Relationship _____
First Middle Last

Phone _____ Email _____

Address _____ City _____ County _____

State _____ Zip Code _____

Signature _____ Date _____

Member #