

Intracoastal Cremation Society Membership Form

Full Name: _____ Maiden Name: _____
First Middle Last

Address _____
Street and Number City State Zip County

Is residence inside city limits? Yes No Telephone: () _____

INFORMATION REQUIRED ON DEATH CERTIFICATE

Date of Birth _____ Place of Birth _____
City State County

Sex M F Race _____ Hispanic Yes No

Social Security # _____ Education (Years of school/college) _____

Usual Occupation _____ Business or Industry _____

Father's Name _____ Mother's Name _____
First Last First Maiden

Marital Status Married Never Married Widowed Divorced

Spouse Name (If Wife give Maiden Name) _____

Are you a Veteran? Yes No If Yes, enclose a copy of discharge paper.

ADDITIONAL INFORMATION:

Closest relative if no spouse living: _____ How related: _____

Address _____ Phone #: _____

MEMBERSHIP PAYMENT - You cannot become a member until this form is on file and your registration fee is received.

<input type="checkbox"/> I wish to become a member of Intracoastal Cremation Society	Membership Fee	\$ 30.00
<input type="checkbox"/> I wish for both myself & spouse to become a member of Intracoastal Cremation Society (For spouse to become a member attached Membership form must be filled out)		\$50.00
Total Paid for Membership of Intracoastal Cremation Society		\$ _____

Signature for Membership: _____

Intracoastal Cremation Society
P.O. Box 339
Wallace, NC 28466