



# Cremation Society of Minnesota

Minnesota's Largest Provider of Cremation Services  
Owned & Operated by the Waterston Family Since 1955

MINNEAPOLIS CHAPEL - 4343 Nicollet Avenue South • Minneapolis, MN 55409 • 612-825-2435  
 EDINA CHAPEL - 7110 France Avenue South • Edina, Mn 55435 • 952-924-4100  
 BROOKLYN PARK CHAPEL - 7835 Brooklyn Boulevard • Brooklyn Park, MN 55445 • 763-560-3100  
 DULUTH CHAPEL - 4100 Grand Avenue • Duluth, MN 55807 • 218-624-5200  
 ST. PAUL CHAPEL - 1979 Old Hudson Road • St. Paul, MN 55119 • 651-789-0404

## New Member Registration Form - Send to the location nearest you

Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Street City State Zip County

### INFORMATION REQUIRED ON THE DEATH CERTIFICATE

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
City & State

Social Security Number \_\_\_\_\_ Highest Education Grade Completed \_\_\_\_\_  
Required for prepayment

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
First Middle Last First Middle Maiden Name

Usual Occupation \_\_\_\_\_ Business or Industry \_\_\_\_\_  
Prior to retirement

Marital Status \_\_\_\_\_ If Married, Spouses Name \_\_\_\_\_  
(Include spouses Maiden name, or name prior to being married)

Are you a Veteran? \_\_\_\_\_ (If yes, enclose a copy of your discharge documents) Next of Kin Information  
 On Back Side

### AUTHORIZATION FOR CREMATION

I, the undersigned, authorize and request the Cremation Society of Minnesota, or its assigns to cremate the remains of \_\_\_\_\_ . I will indemnify and hold harmless the Cremation Society of Minnesota and the crematory from any claims to the contrary, including all liability and claims related to the shipment and storage of the cremated remains. I request that the following be done with my cremated remains:

- Cemetery: \_\_\_\_\_
- Scattered by my survivors: \_\_\_\_\_
- Release my cremated remains to: \_\_\_\_\_
- Other : \_\_\_\_\_

**Please provide any specific instructions or details regarding what your wishes for your cremated remains are.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ (enclose supporting POA or Health Care Directive documents if signing for someone else)

Witness Signature \_\_\_\_\_ Witness Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Witness Address \_\_\_\_\_

- I wish to preregister with the Cremation Society of Minnesota Registration Fee \$ 15.00
- I wish to prepay in full for my Direct Cremation and have the money placed in an Insurance Policy. \$ \_\_\_\_\_  
 (A policy with return envelope will be mailed to you to be signed & returned - it is very important to sign and return this form as soon as possible to avoid delays.)
- I am already a member - please update my information TOTAL ENCLOSED \_\_\_\_\_

As of April 1, 2014 - The price for our basic Direct Cremation is \$1,595.00 for members.

**NEXT OF KIN & OTHER CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

**ADDITIONAL INFORMATION OR SERVICE REQUESTS**

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The Cremation Society of Minnesota, once received, will process your membership and keep the details confidential. Each member will receive a certificate of membership, wallet ID cards with their name printed on them and our emergency 24 hour phone numbers, along with a letter acknowledging his or her membership and / or prepayment. Please call or email [csmnnesota@aol.com](mailto:csmnnesota@aol.com) for any questions.

Thank you.

[www.cremationsocietyofmn.com](http://www.cremationsocietyofmn.com)

The New Tradition