



Cremation Society of Minnesota

Minnesota's Largest Provider of Cremation Services

MINNEAPOLIS CHAPEL – 4343 Nicollet Avenue South • Minneapolis, MN 55409 • 612-825-2435 • Fax: 612-827-0370
EDINA CHAPEL – 7110 France Avenue South • Edina, MN 55435 • 952-924-4100 • Fax: 952-925-4172
BROOKLYN PARK CHAPEL – 7835 Brooklyn Boulevard • Brooklyn Park, MN 55445 • 763-560-3100 • Fax: 763-560-8166
ST. PAUL CHAPEL – 1979 Old Hudson Road • St. Paul, MN 55119 • (651) 789-0404
DULUTH CHAPEL – 4100 Grand Avenue • Duluth, MN 55807 • 218-624-5200 • Fax: 218-624-1700

www.cremationsocietyofmn.com • email: info@csminn.com

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)

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 _____

