



15381 Roosevelt Blvd. • Clearwater, FL 33760 • Tel: (727) 524-9202 • Fax: (727) 536-6783

Registration Form

I, the undersigned, hereby request registration with Veterans Funeral Care and instruct the organization to cause my body to be disposed of in the manner I have described below:

Vital Statistics (This information is needed for the death certificate at the time of death)

First Name	Middle Name	Maiden Name	Last Name
Registrant's Street Address _____			Inside City Limits? _____
City _____	County _____	State _____	Zip _____
Phone # _____	Sex _____	Race _____	Email: _____
Date of Birth _____	City & State of Birth _____		
Social Security Number _____	Education—highest grade completed _____		
Specify - Married, Never Married, Divorced, Widow(er) _____			
Spouse's Name (If wife, give maiden name) _____			
Registrant's Last Occupation _____		Kind of Industry _____	
Father's Name _____			
Mother's Name _____		Maiden Name _____	
Veteran Information:			
		Date of Entry _____	
		Place _____	
		Date of Discharge _____	
		Place _____	
		Branch of Service _____	
		Serial Number _____ Rank _____	
Name of Person in Charge of Arrangements _____			
Address _____			
Phone Number _____		Relationship _____	

Please call with any questions that you might have.

(Over)

INSTRUCTIONS:

This information is to be placed on file with the Veterans Funeral Care. In so doing, I hope to make the task of arranging for my final disposition easier on those to whom the responsibility will fall.

Designate your wishes: Check any items you wish us to record:

- SIMPLE BURIAL (No viewing, services)
- FUNERAL (Viewing, funeral service, graveside service)
- SIMPLE CREMATION CREMATION WITH MEMORIAL SERVICE
- FUNERAL (With cremation to follow)

Place of Service _____

Please include the following music selections _____

Please include the following readings _____

Other special instructions _____

Witness (Print) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Signature _____

Witness (Print) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Signature _____

You are not a member until this form and your registration fee of \$45 is received. This fee is non-refundable.

Date _____ Signature _____

Where did you hear about our company? _____