

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 _____ First Middle Last	Phone (_____)_____	
Address _____	City _____	County _____
State _____	Zip Code _____	Social Security Number _____
Sex _____	Date of Birth _____	Birthplace (city and state) _____
U.S. Armed Forces <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, please enclose a copy of discharge papers)	Branch of Service _____	Rank _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Spouse's Name (with Maiden Name) _____	
Usual Occupation (NOT "RETIRED") _____	Type of Business _____	
Employer _____	How Long _____	Education (highest grade completed) _____
Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	(American Indian, Black, White, etc. - Specify)
Father's name* _____ First Middle Last	Mother's name* _____ First Middle Maiden Name	
* indicate deceased		
Email _____	(Alt. Email) _____	
Next Of Kin Information:		
Name _____ First Middle Last	Relationship _____	
Phone (_____)_____	Email _____	
Address _____	City _____	County _____
State _____	Zip Code _____	