



# COMMON SENSE CREMATION

WWW.CSCREMATATIONS.COM

**WOODINVILLE LOCATION**  
 20205 144<sup>TH</sup> AVE NE, SUITE 204  
 WOODINVILLE, WA 98072  
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**EVERETT LOCATION**  
 5017 CLAREMONT WAY  
 EVERETT, WA 98203  
 425•212•9283

## *Simple Cremation ~ Simply Done ~ That's Common Sense*

Legal Name		FIRST	MIDDLE	LAST	Suffix
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate		Age	Social Security Number
Birthplace (City, Town, or County)				State or Foreign Country	
Was Decedent of Hispanic Origin? If yes, specify				Decedent's Race(s)	
Decedent's Education <input type="checkbox"/> 8 <sup>th</sup> Grade or less (specify: _____) <input type="checkbox"/> 9th – 12 grade; no diploma <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng., Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)					U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Branch:
Residence Address					City
County			Tribal Reservation Name (if applicable)		
State		Zip Code +4		Estimated length at residence	Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
Usual Occupation			Kind of Business/Industry (Do not use Company Name)		
Marital Status at Time of Death <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated			Surviving Spouse's Name (Give name prior to first marriage)		
Father's Name			Mother's Maiden Name		
Informant's Name (Person completing information)				Relationship	
Informant's Mailing Address				Informants Phone Number	
Name and Address of Physician				Physician Phone Number	
Informant's Signature (I declare the foregoing is true to the best of my knowledge)				Date	