

# Cremation Alliance of Texas – Member Form

Please Print Legibly

**\*Note: Please use legal names, not nicknames.**

Date of Death: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: State/Country \_\_\_\_\_ City \_\_\_\_\_

Marital Status: Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_ Married \_\_\_\_\_

Surviving Spouse: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

Deceased Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Inside City Limits: Yes \_\_\_ No \_\_\_

Father's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mother's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden: \_\_\_\_\_

Education: 8<sup>th</sup> grade or less \_\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> (no diploma) \_\_\_\_\_

High School Graduate or GED \_\_\_\_\_ Some College (no degree) \_\_\_\_\_

Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Type of Industry: \_\_\_\_\_

Ever a Police Officer in Texas: Yes \_\_\_\_\_ No \_\_\_\_\_

Ever in Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_ Which Branch: \_\_\_\_\_

Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_ Race: \_\_\_\_\_

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Informant's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Informant's Relationship to Deceased: \_\_\_\_\_

Informant's Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext: \_\_\_\_\_ Phone #'s: H \_\_\_\_\_ C \_\_\_\_\_

Preferred Provider: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext. \_\_\_\_\_ County: \_\_\_\_\_

**\*Certified copies of the Death Certificates are \$21 for the 1<sup>st</sup> copy and \$4 for each additional copy.  
How many, if any, certified copies of the death certificate do you need? \_\_\_\_\_**

**THIS FORM MUST BE COMPLETED AND RETURNED TO CREMATION ALLIANCE OF TEXAS BEFORE CONTACTING PREFERRED PROVIDER. FORMS CAN BE FAXED TO: 214-887-3559 OR VIA EMAIL: richard@cremationalliancetexas.com**