

INSTRUCTIONS:

1. Complete the "Cremation Registration and Declaration Form"
2. Fold, staple or tape form closed
3. Mail (No postage necessary)

CREMATION REGISTRATION AND DECLARATION FORM

Please Note: Family members are required to sign permission to cremate after the death occurs, which causes problems for families, especially when living outside Colorado.

This **Cremation Registration And Declaration Form** is valid under the laws of Colorado and gives you the right to *legally sign for your own cremation*. Simply fill the form out, sign where indicated, drop in the mail, or bring to any of our offices. If you have any questions, please call us at 303-234-0200.

ALL-STATES CREMATION®
3200 Wadsworth Blvd.
Wheat Ridge, CO 80033-9941

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 43 WHEATBRIDGE, CO

BUSINESS REPLY

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



®

Cremation Registration and Declaration Form

CREMATION REGISTRATION AND DECLARATION FORM

for: _____

(Print Name)

This form is to advise family and friends of my decision to choose cremation for my final disposition. Once this form is filled out correctly, signed and witnessed, it is valid under the **laws of Colorado**. At my death, this form will be given to my family.

I, _____ (Sign) being of sound mind, state that, after my death, I want my family and all others concerned to follow my wishes as stated in this *Cremation Declaration Form*. This form is meant to replace any information in regards to my final disposition that went before today, _____(today's date).

The following instructions are what I want done after my death in regards to my cremation decision:

This is what I want done with my ashes: _____ (initial).

This is the person (or persons) with whom I have made my wishes known and whom I have entrusted with my cremation decisions:

(Name) (Relationship) (Telephone Number)

(Name) (Relationship) (Telephone Number)

Initial one of the 2 items below:

I **do** want a memorial service _____

I **do not** want a memorial service _____

Initial one of the 2 items below:

I **do** wish to have my body viewed before cremation _____

I **do not** wish to have my body viewed before cremation _____

If you wish any of the above, please list details, such as memorial packages, urns, obituaries, churches, etc.

Again, I wish to declare that I want cremation as my final disposition and to follow all instructions on this page.

(Sign)

(Date)

Statement of Witnesses

(2 are necessary) I, the witness, state that the person who signed the "Cremation Registration and Declaration" form is known to me and has signed this form in my presence. He/she appears to be of sound mind and not under duress, fraud or undue influence.

(Signature of Witness #1) (Address) (Telephone Number)

(Signature of Witness #2) (Address) (Telephone Number)

VITAL STATISTICS

(The following information is necessary for the death certificate. This information is kept strictly confidential)

Address State Zip Code

Telephone Number Date of Birth Place of Birth Social Security Number

Check one of the following: Married Never Married Divorced Widowed

Name of Spouse _____ Wife's Maiden Name _____

Occupation (before retirement) _____ Years of Education _____

Father's Name _____ Mother's full maiden name _____

(Optional) Check this box if you would like information on pre-payment plans.



This "Cremation Registration and Declaration" Form will be kept on file with All-States Cremation. For any changes call 303-234-0200

Fold form, staple or tape closed