

CLEVELAND MEMORIAL SOCIETY
21600 Shaker Blvd., Cleveland, OH 44122 Phone 216-751-5515
REQUEST FOR FUNERAL ARRANGEMENTS

Please type or use ballpoint pen. Return the top 2 copies to the Society along with the membership fee. Keep the pink copy for your records.

Last Name _____ First Name _____ Sex _____ Race _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Soc Sec # _____ Ever in US Armed Forces? _____ Occupation (during working years) _____ Education _____

Date of Birth _____ Place of Birth _____ Mother's Maiden Name _____ Father's Name _____

Funeral Director Selected: _____

Check service desired:

Simple Cremation

A funeral establishment transports the body without embalming to a crematory where it is cremated. Indicate whether you wish a survivor to claim the ashes: (Yes or No). _____ If no, it is understood that the funeral director will dispose of the ashes for which he may charge an additional fee.

Simple Burial

This service includes placing the body in a modest coffin selected by the funeral director, and immediate burial. Plot, cemetery expenses and gravestone are not included in Memorial Society quoted rates.

Signature _____ Date _____

These arrangements have been discussed with the following person(s):

Name _____ Address _____ Relationship _____ Phone _____

Name _____ Address _____ Relationship _____ Phone _____

It is understood that The Cleveland Memorial Society assumes no legal or financial responsibility for the final disposition of the body of the aforementioned person but merely makes preliminary arrangements.