CREMATION SOCIETY OF MARYLAND INC.

299 Frederick Road, Baltimore, Maryland, 21228
Phone: 410-788-1800 ~ Fax: 410-747-0986 ~ cremationsociety01@hotmail.com

MEMBERSHIP APPLICATION

INSTRUCTIONS: COMPLETE THIS FORM, HAVE IT NOTARIZED, ENCLOSE A CHECK FOR $25. 00 FOR MEMBERSHIP FEE AND RETURN TO THE ABOVE ADDRESS.

Name: _____ **Telephone**: _____
First Middle Last

Address: _____
Street City State Zip

SS#: _____ **Birthdate**: _____ **Sex**: _____ **Birthplace**: _____
State

Marital Status - circle one: (Married) (Widowed) (Divorced) (Never Married)

Race - circle one: (White) (Black or African American) (American Indian or Alaska Native) (Asian Indian) (Chinese) (Filipino) (Japanese) (Korean) (Vietnamese) (Other Asian) (Native Hawaiian) (Samoan) (Other Pacific Islander)

Hispanic Origin: Yes / No (If yes, please specify: (Cuban) (Mexican) (Puerto Rican) (Other Hispanic:_____)

Education - circle one: (8th grade or less) (9th-12th, no diploma) (High school graduate or GED) (Some college credit; but no degree) (Associate degree) (Bachelors degree) (Masters degree) (Doctorate degree or Professional degree)

Usual Occupation: _____ **Kind of Business/Industry**:_____
(Before retirement)

Father's Name: _____
First Middle Last

Mother's Maiden Name:_____
First Middle Last (Maiden)

Veteran of US Armed Forces: _____
(Please attach copy of DD-214—Discharge) Branch of Service Serial Number Service Dates

Next of Kin: _____ **Relationship**: _____

Telephone: _____ **Email Address**: _____

Address: _____
Street City State Zip

Surviving Spouse's Name:_____ **# of children**: _____
First Middle Last (Maiden)

After cremation, I wish my cremated remains to be given to/interred at:_____
(By law cremated remains may not be left with the contracted funeral service. Please specify your wishes for the disposition of your cremated remains.)

CREMATION AUTHORIZATION

I, the undersigned, do hereby authorize and request MacNabb Funeral Home, P.A., the Cremation Society of Maryland, Inc., Metro Crematory, Inc. or its assignees, upon my death to cremate the human remains of myself, (**your name)**

_____, and further, I hereby agree to indemnify and hold the MacNabb Funeral Home, P.A., Cremation Society of Maryland, Inc., Metro Crematory, Inc., its officers, agents and employees, harmless from any and all claims, suits or causes of action, including reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of this request for final disposition.

Member Signature: _____

NOTARY

State of _____ County of_____ on this the _____ of _____, 20_____,

before me the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

My commission expires: _____ _____(Seal)
Notary Public Signature

Revised: 06/2019