



# Telophase Cremation Society

**FD-1272**

7851 MISSION CENTER COURT, #104  
SAN DIEGO, CA 92108  
1-800-520-5146  
(619) 299-0805  
(760) 591-3187  
FAX: (619) 299-8417

DEAR SIR/MADAM:

Thank you for your interest in the **TELOPHASE CREMATION SOCIETY**. In order to become a member it is necessary that you provide us with the statistical data below and complete and sign the "CREMATION AUTHORIZATION" on the reverse side of this form. Once you have completed both sides of this form **PLEASE** mail it to our office.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

I have read the disclosure information on the reverse side of this form, understand the cremation process, and authorize the **TELOPHASE CREMATION SOCIETY** to proceed with the cremation in accordance therewith. \_\_\_\_\_ (Initial)

\_\_\_\_\_

First Name                      Middle Name                      Last Name                      Sex

Race \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Citizen \_\_\_\_\_ (USA or Country)

Social Security Number \_\_\_\_\_

Father's Complete Name \_\_\_\_\_ Birthplace \_\_\_\_\_  
First                      Middle                      Last

Mother's Complete & Maiden Last Name \_\_\_\_\_ Birthplace \_\_\_\_\_  
First                      Middle                      Last

If Veteran: Serial No. \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Occupation of Member \_\_\_\_\_ Kind of Business \_\_\_\_\_ No. Years \_\_\_\_\_  
Before Retirement

Total Education    Elementary/High School/College/University \_\_\_\_\_

Present Residence Address:

\_\_\_\_\_

Street                      City                      County                      Zip

Phone No. \_\_\_\_\_ Years in County \_\_\_\_\_

Married, Never Married, Widowed, Divorced    Complete Name of Spouse \_\_\_\_\_  
(Circle One)                      (If Wife Give Maiden Name)

Next of Kin \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Other Person to Notify \_\_\_\_\_ Telephone \_\_\_\_\_

For more information on cremation matters, contact: The Cemetery Board, Department of Consumer Affairs, 400 R St., Sacramento, CA 95814, Telephone Number 1-800-952-5210.  
For more information on funeral matters, contact: State Board of Funeral Directors and Embalmers, Department of Consumer Affairs, 400 R St., Sacramento, CA 95814, Telephone Number 1-800-952-5210.

**PLEASE COMPLETE AND SIGN AUTHORIZATION ON REVERSE SIDE.**