

Cremation & Burial Society Of Kentucky

Information Form

Deceased full name:	First:	Middle:	Last:
Address:			
City	State	Zip	County
How long at this Residence?	Home Phone	Mobile Phone	
Date of birth	State of birth	City of birth	
Social Security Number:	Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Occupation (before retirement)	Employer		
Education in Years	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married		
If married or widowed, name of spouse: First name, Middle name, Maiden name, Last name <input type="checkbox"/>Living <input type="checkbox"/>Deceased			
Name of father: First name, Middle name, Last name <input type="checkbox"/>Living <input type="checkbox"/>Deceased			
Name of mother: First name, Maiden name, Last name <input type="checkbox"/>Living <input type="checkbox"/>Deceased			
Next of Kin: First name, Middle Name, Last Name		Relation	Phone
Address			
City	State	Zip	
VETERANS INFORMATION Please include copy of Veteran's DD-214 if possible.			
Branch of Military	Rank		
Date of Entry	Place of Entry		
Date of Discharge	Place of Discharge		

Return Copy to:
Cremation Society Of Kentucky
4059 Shelbyville Road · Louisville, KY 40207
Toll Free 1-888-935-1040 (24 HR)
502-897-5898
Fax: 502-899-1517