

# DOCUMENT YOUR CHOICES

## 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 Oklahoma.

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:

**A:** This is what I want done with my ashes: (mark and initial one)

Scatter  Bury  Place in a National Cemetery at no cost to my family Release to: \_\_\_\_\_

**B:** 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)

**C:** Initial one of the 3 items below:

I do want a memorial service

I do not want a memorial service

I have no opinion regarding a memorial service

**D:** Initial one of the 3 items below:

I do wish to have my body viewed before cremation

I do not wish to have my body viewed before cremation

I have no opinion regarding my body being viewed before cremation

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 City, 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 \_\_\_\_\_

Veteran?  Yes, please provide a Copy of Discharge

910 NW 79th Street  
Oklahoma City, OK 73114  
(405) 608-4141  
[OklahomaCityCremation.com](http://OklahomaCityCremation.com)



OKLAHOMA CITY  
CREMATION

This "Cremation Registration and Declaration" Form will be kept on file with Oklahoma City Cremation. For any changes call (405) 608-4141