



**CHARTER FUNERAL HOME & CREMATION SOCIETY  
MEMBERSHIP REGISTRATION FORM**

(Please Type or Print)

PERSONAL INFORMATION REQUIRED FOR REGISTRATION								
1. FULL NAME (First, Full Middle Name, Last)				2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH		
4. ADDRESS			5. CITY		6. COUNTY		7. STATE	8. ZIP CODE
9. TELEPHONE NUMBER		10. RACE (American Indian, Black, White, Cuban, Mexican, etc.)			11. GENDER		12. MARITAL STATUS	
13. SPOUSES NAME - FIRST - MIDDLE - LAST (If Applicable)							14. MILITARY SERVICE	
NEXT OF KIN INFORMATION								
15. NEXT OF KIN FULL NAME (First, Middle, Last)				16. RELATIONSHIP		17. TELEPHONE		
18. ADDRESS			19. CITY		20. COUNTY		21. STATE	22. ZIP CODE
INFORMATION WHICH WILL BE REQUIRED ON DEATH CERTIFICATE								
By completing this section, the family and friends can avoid this task at the time of death								
23. EDUCATION (Specify ONLY highest grade completed below) <small>Elem. Or High School ( # of yrs 0 -12)      College (# of yrs 1 - 4 or 5+)</small>			24. STATE OF BIRTH		25. COUNTY OF RESIDENCE		26. DO YOU LIVE INSIDE CITY LIMITS?(Specify Yes or No)	
27. USUAL OCCUPATION (Give kind of work done during most of life, not "retired")				28. KIND OF BUSINESS OR INDUSTRY				
29. FATHER'S FULL NAME (First, Middle, Last)				30. MOTHER'S FULL NAME (First, Middle, <i>MAIDEN</i> )				
OTHER INFORMATION								
This information is helpful, but not required								
31. RELIGION				32. CLERGY NAME				
33. LODGE, SOCIETY, OR FRATERNAL ORGANIZATIONS								
34. NAMES OF CHILDREN			Son / Daughter		City & State of Residence			

For additional registration forms, please call Charter Funeral Home at (205) 621-0800  
2521 US Highway 31, Calera, Alabama 35040

[www.charterfuneral.com](http://www.charterfuneral.com)