AVINK FUNERAL HOME
CREMATION SOCIETY

129 S. Grand ● P.O. Box 417
Schoolcraft, Michigan 49087
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Statistical Information:

Name_____ **Sex**_____ **Birthdate**_____
First Middle Last

Address_____**Phone**_____
Street City State Zip

Birthplace_____ **Ancestry**_____**Race**_____
City & State (Ex: German, Dutch, Etc.)

Social Security #_____**Decedent's Education**_____
Specify only highest grade completed h.s. or college

Usual Occupation_____ **Kind of Business or Industry**_____

(Circle One)
Married, Never Married, Widowed, Divorced Spouses name if married_____

Father's Name_____ **Mother's Name**_____
(Even if Deceased) (Even if Deceased)

Next of Kin_____ **Relationship**_____

Their Address_____ **Phone**_____
Street City State Zip

Are you a Veteran?_____**. If yes, please enclose a copy of your discharge paper. (DD 214)**

Date_____ **Signature**_____

Survivor's Information (next of Kin)_____

_____

_____

_____

_____

Biographical Information (For newspaper): clubs, societies, other activities_____

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YOU ARE NOT A MEMBER UNTIL THIS FORM IS ON FILE AND YOUR REGISTRATION FEE IS RECEIVED.
($15.00 for single and $25.00 for a married couple one time fee)