



VFCS

VETERANS' FUNERAL & 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) Elem. Or High School (# of yrs 0 -12) College (# of yrs 1 - 4 or 5+)		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, <u>MAIDEN</u>)			
31. MILITARY BRANCH OF SERVICE				32. SERIAL NUMBER			
33. Date Entered		34. Separation Date		35. Rank Upon Separation			
36. Unit(s) or places served							
37. Honors, Medals, Awards, etc.							

OTHER INFORMATION

This information is helpful, but not required

38. NAMES OF CHILDREN		Son / Daughter		City & State of Residence	

ONE TIME LIFETIME MEMBERSHIP REGISTRATION FEE IS \$35.00

For additional registration forms, please call Charter Funeral Home at (205) 621-0800

2521 US Highway 31, Calera, Alabama 35040

www.charterfuneral.com