





**CREMATION SOCIETY**  
of the Quad Cities™  
A TRIMBLE POINTE COMPANY

# VITAL INFORMATION FORM

701 12<sup>th</sup> Street, Moline, Illinois 61265 | 309-517-6539 | CremationQC.com

BIOGRAPHIC AND DEMOGRAPHIC INFORMATION IS REQUIRED FOR DEATH CERTIFICATE – PRINT CLEARLY

Full Legal Name .....

Alias, AKA, or Nick Name ..... Last name prior to first marriage .....

Current residence address .....

City, State Zip ..... Email .....

Home phone ..... Cell phone .....

Date of birth ..... Place of birth .....

Social Security Number ..... Sex ..... Highest Education .....

Father's Full Name prior to first marriage .....

Mother's Full Name prior to first marriage .....

Spouses full legal name ..... Spouses last name prior to first marriage .....

Spouse's Date of Birth ..... If not living, Spouse's Date of Death .....

Primary Occupation (Prior to retirement) ..... Type of Business/Industry .....

Ever in U. S. Armed Forces?  Yes  No. If yes, branch of service ..... (attach military discharge document)

## DEMOGRAPHIC INFORMATION REQUIRED FOR DEATH CERTIFICATE

Of Hispanic Origin?  No  Yes, Mexican, Mexican American, Chicano  Yes, Puerto Rican  Yes, Cuban  
 Yes, Other Spanish/Hispanic/Latino (.....)

Race:  White  Black or African American  American Indian or Alaskan Native (Tribe .....)  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian (.....)  
 Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander (.....)  
 Other (.....)

Marital Status:  Married  Married but Separated  Widowed  Divorced from Marriage  Never Married or in Civil Union  
 Civil Union  Civil Union but Separated  Surviving Partner of Civil Union  Divorced from Civil Union

Comments:

Information filled out by:  Self  Spouse  Other

If other, Informant Name ..... Relationship .....

Informant Address .....

This information is correct as of this date ..... Signature .....

# FAMILY INFORMATION

Living Spouse .....

Address	City	Phones H: Home, C: Cell)	Email
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Living parents .....

Name(s)	Address	City	Phones H: Home, C: Cell)
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Living children

Name	Spouse	Address	City	Phones H: Home, C: Cell)
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Living grandchildren [Number of Grandchildren.....] [Number of Great-grandchildren.....] [Number of Great-great-grandchildren.....]

Name	Spouse	Name	Spouse
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Living brothers and sisters

Name	Spouse	Address	City	Phones H: Home, C: Cell)
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Others (give relationship)

Name	Spouse	Address	City	Phones H: Home, C: Cell)
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Preceded in Death by:

.....  
 .....  
 .....



# Cremation Authorization on a Pre-need basis And Appointment of Agent to Control Final Disposition

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*On a pre-need basis, any person, or anyone who has legal authority to act on behalf of a person, may authorize his or her own cremation and the final disposition of his or her cremated remains by executing, as the authorizing agent, a cremation authorization form on a pre-need basis. A copy of this form shall be provided to the person. Any person shall have the right to transfer or cancel this authorization at any time prior to death by destroying the original executed cremation authorization form and providing written notice to the Funeral Home and Crematory.*

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that, upon my death, my body is to be cremated and to that effect I am executing this Cremation Authorization on a pre-need basis as Authorizing Agent.

### CREMATION AUTHORIZATION ON A PRE-NEED BASIS

I, as Authorizing Agent, authorize Trimble Inc., d/b/a **Cremation Society of the Quad Cities**, 701 12<sup>th</sup> Street, Moline, Illinois 61265, or its agents, to carry out the directions of the Authorizing Agent contained in this Authorization. If necessary, I authorize Trimble Inc., at its sole discretion, to contract with another crematory to perform the cremation.

\_\_\_\_\_ I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative  
Initial arrangements regardless of whether my survivors deem a change to be appropriate

\_\_\_\_\_ I wish to allow only the survivors I have designated here the option of canceling my cremation and selecting  
Initial alternative arrangements, if they deem a change to be appropriate: \_\_\_\_\_

I authorize my Agent named below to receive the cremated remains, and make final disposition of them by:

\_\_\_\_\_

### APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

The disposition of my remains shall be controlled by \_\_\_\_\_ (name of agent first named below) and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact). All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

Special Directions: Set forth below are any special directions limiting the power granted to my agent:

\_\_\_\_\_

### ASSUMPTION BY AGENT

The agent, and each successor agent, by accepting this appointment, agrees to and assumes the obligations provided herein. An agent may sign at any time, but an agent's authority to act is not effective until the agent signs below to indicate the acceptance of appointment. Any number of agents may sign, but only the signature of the agent acting at any time is required.

Agent: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature Indicating Acceptance of Appointment \_\_\_\_\_ Date of Signature \_\_\_\_\_

**IMPORTANT:** This document continues on page 2, and must be signed and notarized

SUCCESSORS:

If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

First Successor: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature Indicating Acceptance of Appointment \_\_\_\_\_ Date of Signature \_\_\_\_\_

Second Successor: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature Indicating Acceptance of Appointment \_\_\_\_\_ Date of Signature \_\_\_\_\_

DURATION:

This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE:

I hereby agree that any hospital, cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

Signature of Authorizing Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Address \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, on this day personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_ Printed Name: \_\_\_\_\_ My Commission Expires \_\_\_\_\_

{SEAL}