

Funeral Alternatives
Basic Vital Statistic Information

Fax (207) 514-0447

First Name _____ Middle _____ Last _____ Suffix _____

Doctor _____ Phone _____ Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ (DOD ____/____/____ TOD _____ POD _____)
Funeral home use

Place of Birth (City and State or Foreign Country) _____

United States Veteran YES / NO (Circle one) Branch _____ Rank _____ War _____
Service Number _____ Date Entered _____ Date Separated _____

Marital Status (Never Married, Married, Widowed, Divorced) Circle one / Are they living YES / NO

Most Recent Spouse (If wife, give maiden name) _____

Education (Circle one) High School Two year college Four year college +

What is your usual occupation? (even if retired) _____ Employer _____

Resident Address: State _____ County _____ City or Town _____

Street and Number _____

Zip Code _____ Telephone Number _____

Cell _____

Your Parents

Father's First Name _____ Middle _____ Last _____

Mother's First Name _____ Middle _____ Last (Maiden) _____

Contact Person

Name _____ Relationship _____

Mailing Address

State _____ County _____ City or Town _____

Street and Number _____ Zip _____ Telephone _____

Email/Fax _____

Deceased in a Domestic Partnership? _____ Name of Domestic Partner _____

Method of Disposition _____ Place of Final Disposition _____

Obituary requested _____ Which papers _____ (most obituaries have a fee)

I/we have proofread this information and I confirm that all the information listed above is correct to the best of my knowledge. Any corrections that need to be made after filing will result in a 4-6 week delay on corrected copies and State of Maine corrected copy fees:

Signed _____ Date _____