

Acadia Burial and Cremation Direct

Serving All the Communities of Eastern Maine

Office Use Only

TOD: _____

POD: _____

Name: _____

Name of Physician: _____

COMPLETE NAME (First, Middle, Last): _____

SOCIAL SECURITY NUMBER: _____

AGE: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (City and State): _____

RESIDENCE: Resident State: _____

County: _____

City: _____

Address: _____ Apt # _____

ZIP Code: _____

ARMED FORCES: YES / NO BRANCH _____

MARITAL STATUS AT TIME OF DEATH: Never Married____ Married____ Married, but separated ____
Divorced____ Widowed____ Unknown____
Registered Domestic Partner ____

SURVIVING SPOUSE (if wife, include **maiden** name) _____

FATHER'S NAME (First, Middle, Last): _____

MOTHER'S **FULL** NAME (**before** marriage): _____

INFORMANT'S NAME: _____

Relationship to Deceased: _____

Mailing Address: _____

Phone: _____

EDUCATION: Number of Years: _____

Highest Degree Earned: _____

RACE: _____

ANCESTRY (French / English / Chinese, etc.): _____

If Hispanic: Mexican, Mexican/American____ Chicano____ Puerto Rican____

Cuban____ Other Hispanic (Specify): _____

OCCUPATION: Give occupation for most of working life, or at retirement:

Job Title: _____

Business / Industry: _____

Name of Employer: _____

PREFERRED CEMETERY: _____

Lot Owned: YES / NO Name of lot owner: _____