

**Jordan-Fernald**  
"Caring for Generations"

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: \_\_\_\_\_