

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 **MAIDEN** NAME (First, Middle, Last): _____

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: _____

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Book of Memories Data

Name: _____

Does family want memorial Book of Memories page on Jordan-Fernald web site with obituary and picture? Y / N

If Yes: Does family want e-mail notification when condolences are posted? Y / N

If so, email address: _____

Does family want multiple pictures on the Book of Memories page? Y / N
(Multiple picture option available if purchasing DVD or by arrangement.)

If deceased was a veteran, does family want the Book of Memories page added to the Veterans Wall? Y / N / NA

If deceased was Police/EMT/Firefighter, does family want the Book of Memories page added to the Hero Wall? Y / N / NA

Does family want the memorial folder/prayer card posted on the Book of Memories page?
Y / N / NA