

Crabiel-Riposta Funeral Home with Direct Cremation of Maine

Vital Statistics Sheet

First:		Middle:		Last: (Jr. or Sr.)		Maiden Name:(if Female)	
Date of Death:	Sex:	SSN:		Age:	Under 1 yr:	Date of Birth:	
Birthplace:		Armed Forces: Yes No DD214: Yes No		Branch of Service:		Place of Death: (circle one) Hospital Nursing Home Residence Other: _____	
Facility Name:			County of Death:		City or Town of Death:		
Marital Status: Married Never Married Widowed Divorced		Most recent Spouse: Living Deceased Full Name (if woman Maiden name)		Occupation: (not retired)		Kind of Business or Industry:	
Education: (1-12)	College: (number of years)	Ancestry: (French, Irish, English, American)			Race: Black White Hispanic Asian Other: _____		
Residence State:	Residence County:	Residence Town/Zip Code:	Residence Street and Number:				
Fathers First Name:		Middle:		Last:			Jr. or Sr.
Mothers First Name:		Middle:		Maiden Name:			
Informant/Relationship:		Mailing Address:					
Method of Disposition: Burial Cremation Removal from State				Circle One: CRFH lic. # 9752 (local) DCM lic. # 10098 (outside Waldo Co.)			

Place of Final Disposition: MCC or Cemetery Name: _____
Obituaries Requested _____

Credit Card for Obit:Name: _____ Number: _____
 Exp: _____ Security Code: _____ Billing Address: _____
 Billing Phone: _____ Type of Card _____ Signature: _____

Name: _____	Home: _____	Cell: _____
Name: _____	Home: _____	Cell: _____
Name: _____	Home: _____	Cell: _____
Email: _____		

I/We have proofread this information and I confirm that all the information was transcribed correctly, including the social security number. In the event of one or more mistakes, a correction will be filed of the original death certificate. I/we agree to pay any additional expenses as a result of supplying incorrect information.

X _____ Date _____