

Albert & Burpee Funeral Home

253 Pine Street
 Lewiston, ME 04240
 Office (207) 782-7201
 Fax (207) 784-3743
 www.albert-burpee.com
 Gerry@albert-burpee.com

| |
|----------|
| CASE NO. |
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PERSONAL INFORMATION

| | | | | | |
|------------------------------------|--------|---------------------|------------------|------------|--|
| NAME _____ | | | | AGE _____ | |
| FIRST | MIDDLE | LAST | | | |
| DATE OF DEATH _____ | | | | HOUR _____ | |
| Arrangement Appointment Time _____ | | ___ At Funeral Home | ___ At Residence | | |

VITAL STATISTICS

| | | | | | |
|--|------------------|--|----------------------|-----------|--|
| DECEASED'S ADDRESS | | CITY - STATE - ZIP | | COUNTY | |
| PLACE OF DEATH | | CITY - STATE - ZIP | | COUNTY | |
| SEX __ M __ F | RACE - ETHNICITY | | MARITAL STATUS | CITIZEN | |
| BIRTHPLACE (CITY, STATE) | | | DATE OF BIRTH | | |
| FATHER'S NAME | | | MOTHER'S MAIDEN NAME | | |
| OCCUPATION | | | EMPLOYER | | |
| SOCIAL SECURITY NO. | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | | |
| IF VETERAN, NAME WAR AND BRANCH OF SERVICE | | | RANK AND SERVICE NO. | | |
| INFORMANT'S NAME AND ADDRESS | | | | TELEPHONE | |
| CERTIFICATE SIGNED BY | | CAUSE OF DEATH | | | |
| HIGHEST EDUCATION | | | | | |
| OTHER INFORMATION | | | | | |

BIOGRAPHICAL INFORMATION

LENGTH OF TIME LIVING HERE

COMING FROM

RELIGION

CHURCH

LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.

SURVIVING RELATIVES

FATHER

MOTHER

HUSBAND/WIFE

SONS

DAUGHTERS

BROTHERS

SISTERS

GRANDCHILDREN (No.)

GREAT GRANDCHILDREN (No.)

SERVICE DETAILS

PLACE:

DATE:

TIME:

CLERGY:

MUSIC:

FAMILY WILL SIT IN: Chapel Family Room No. of Seats Reserved:

NO. OF FAMILY CARS:

Address:

PALLBEARERS:

HONARY PALLBEARERS:

VIEWING:

VISITATION HOURS:

ROSARY/WAKE SERVICE:

IN LIEU OF FLOWERS:

SERVICE DETAILS

BURIAL ENTOMBMENT CREMATION Date:

CEMETERY/CREMATORY:

City: County: State:

Grave No.: Lot: Section: Block:

Lot Owner:

If Cremation, Disposition of Ashes:

MISCELLANEOUS

CASKET: Manufactured by: Model #

OUTER ENCLOSURE: Manufactured by: Model #

URN: Manufactured by: Model #

CLOTHING:

AUTOPSY: Yes No REMOVAL BY:

EMBALMING AUTHORIZATION RECEIVED EMBALMING BY:

SHIPPING INFORMATION

FUNERAL HOME:

ADDRESS:

PHONE: A.C ()

DIRECTOR'S NAME:

NOTES:

CLERICAL INFORMATION

NO. OF CERTIFIED COPIES:

SEND TO:

SEND BILL TO:

IF ESTATE, ATTORNEY'S NAME:

| | ACTION | DATE | BY | DOCUMENTS |
|--|--------------------------------|------|----|----------------------------------|
| | Clergy Notified | | | FTC Statement Presented |
| | Organist Notified | | | Death Certificate Filed |
| | Hairdresser Notified | | | Embalmer's Affidavit Filed |
| | Active Pallbearers Notified | | | Burial/Cremation Permit Obtained |
| | Honorary Pallbearers Notified | | | Certified Copies Ordered |
| | Cemetery/Crematory Notified | | | Social Security |
| | Vault Ordered | | | Social Security |
| | Police Escort Arranged | | | V.A. Flag Obtained |
| | Newspaper Obit Given | | | V.A. Burial Allow. Appl. Mailed |
| | Newspaper Funeral Notice Given | | | Final Billing Completed |
| | | | | Claim Filed Against Estate |
| | | | | |
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MEMORANDA