

*Crabiel-Riposta Funeral Home with
Direct Cremation of Maine*
Vital statistics sheet

First Name		Middle Name		Last Name			Suffix
Date of Death	Sex	SSN		Age	Under 1 yr	Under 1 day	Date of Birth
Birthplace (city, state)		Decedent in Armed Forces Branch: YES NO		Place of Death : Hopsital/nursing home/res.			
Facility Name			County of Death		City or Town of Death		
Marital Status (circle) Married never married Widowed divorced		Most Recent Spouse Living Deceased Maiden name:		Decedents occupation (not retired)		Kind of Business or Industry	
Decedents Education Elementary/secondary		College Number of years	Ancestry (French, English, Irish etc.)			Race	
Residence State	Residence County		Residence Town , Zip Code		Residence Street and Number		
Fathers First Name		Middle		Last		suffix	
Mothers First Name		Middle		Maiden Surname			
Informant Name/Relationship			Informant Address (street number, town, state, zip code)				

Deceased Registered in a Domestic Partnership? _____ Name of Domestic Partner _____

Method of Disposition: _____ Place of Final Disposition _____

Certifying Physician: _____ Phone Number: _____

Obituaries Requested: _____

Name : _____	Home phone _____	Cell _____
Name : _____	Home phone _____	Cell _____
Name : _____	E-mail _____	
<p><small>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 I understand that a new death certificate cannot be issued. 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.</small></p> <p style="text-align: center;">X _____</p>		

This is optional information for an obituary notice
(You do not have to fill this out now)

Biographical Information (memberships, etc.) _____

Predeceased Relatives: _____

Survivors: Spouse _____ Years Married _____
Children _____

Brothers/Sisters _____

Grandchildren _____ Great-Grandchildren _____
Nieces/Nephews _____
Other _____

Memorial Service: _____ Officiating: _____

Organist/Pianist/Musician: _____

Special Requests: _____

Donations: _____

Obituary Placements: _____
