



4822 Cleveland Avenue
Lincoln, NE 68504

www.aspenaftercare.com

402.464.3111

Date _____

STATISTICAL INFORMATION SHEET (Everything as listed with Federal Gov't)

Return this form to us if you have chosen to use our mortuary. Feel free to call in the information.

● First, Middle and Last Name (Nick name/s in "quotes" please): _____

● Official Address (mailing address): _____

● City/State/Zip: _____

● Living Address and zip: _____

● City/State/Zip: _____

● Home Phone: _____ ● Cell Phone: _____

● Work Phone: _____

● Official Address Inside City Limits? Yes No

● State of Residency: _____ ● County of Residency: _____

● Date of Birth: _____ ● Place of Birth: _____

● Social Security Number (check, check and double check!): _____ - _____ - _____

● Driver's License Number _____ Driver's License Expiration date _____
(or State ID Number and Date)

● Pacemaker at this time? YES NO

● Race: Please circle White
 Black or African American
 American Indian or Alaska Native: Tribe _____
 Asian: Indian Chinese Filipino Japanese Korean Vietnamese
 Other Asian: Specify _____
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander: Specify _____
 Other: Specify _____

● Hispanic Origin? No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino

● Occupation in life (cannot use retired): _____

● Kind of business: _____

● Level of Education: Please circle: 1 2 3 4 5 6 7 8 9 10 11 Unknown
High School Graduate Associate Degree Bachelor's Degree Master's degree Doctorate

● Father's Name (first, middle and last): _____

● Mother's Maiden Name (first, middle and maiden): _____

● Armed Forces: YES NO Honorable Discharge: YES NO

Note: Please bring in a copy of their DD214 if possible. We need Month/Day/Year.

Branch _____ Entry Date _____ Discharge Date _____

Branch _____ Entry Date _____ Discharge Date _____

Branch _____ Entry Date _____ Discharge Date _____

● Marital Status:

Married Never Married Married but legally separated Widowed Divorced Unknown

● Name of current Spouse (if wife list maiden name also) or Ex-Spouse (if married for more than 10 years)

● Spouse's/Ex-Spouses' Address (if different) _____

● Spouse's/Ex-Spouses' Phone Numbers

● Home Phone: _____ ● Cell Phone: _____

● Work Phone: _____

● Dependent Children's Names: _____

● Person to be listed as the informant on the death certificate (usually the closest living relative/significant other):

● Address: _____

● City/State/Zip: _____

● Informant's relationship: _____

● Informant's Home Phone: _____ ● Informant's Cell Phone: _____

● Informant's Work Phone: _____

● Email address of informant: _____

List other important people/info on back YES NO