Date _____

ASPEN
CREMATION & BURIAL SERVICE INC.
4822 Cleveland Avenue
Lincoln, NE 68504
www.aspenaftercare.com
402.464.3111

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: _____

SUBMIT