

Direct Cremation of Maine

338-9199 or 338-1433

182 Waldo Avenue

Belfast, Maine 04915

Full Name (include maiden): _____

State of Residence: _____ County of Residence: _____

Town of Residence: _____ Street & Number: _____

Father's Full Name: _____

Mother's Full Name: _____

Informant (Next of Kin): _____ Relationship: _____

Mailing Address: _____

Telephone No: _____

Usual Occupation: _____ Industry type: _____
(**NOT RETIRED** - work done during most of lifetime)

Date of Death: _____ Time: _____ Sex: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Most Recent Spouse (include maiden): _____ Living? (Yes/No): _____

Marital Status: _____ SS # _____

Armed Forces (Yes/No): _____ If Yes, Branch: _____ DD214 (Yes/No): _____

Place of Death (Name of Facility): _____

Street Address _____

County of Death: _____ Town of Death: _____

Education: _____ 0-12 College: _____ 1-4 Specific Degree: _____

Ancestry _____ Race _____

Veteran Information: Branch of Service: _____ DD214 Provided: _____

Date of Entry: _____ Date of Discharge: _____ Serial #: _____

Highest Rank Attained: _____ Military Honors: _____

Head Stone _____

Final Disposition:

Disposition of ashes (Family/ Burial/Cemetery/Urn): _____

Certified Copies of Death Certificate (enter a number): _____

Mail to: _____

Other Information (you wish to provide):
