Springer and Son Funeral Home and Crematory

4150 SW 185th P.O Box 5308 Aloha, Oregon 97006-5308 Ph 503.356.1000 Fax 503.356.1013

Vital Statistic Information for Completion of Arrangements

Name of Person Whom Arrangements are for

Date of Birth | SSN: | Sex: ☐ M ☐ F

City & State of Birth:

Address:

City | State: | Zip | Phone:

County/City Limits | Length of Residence in County (Years & Months):

Education

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree
- ☐ Refused ☐ Not Obtainable ☐ Unkown ☐ Not classifiable

Hispanic Origin

- ☐ No, Not Hispanic
- ☐ Yes- Check all of the following that apply
  - ☐ Mexican, Mexican-American, Chicano
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Other Spanish/Hispanic/Latino
    Specify _____

Race

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  Specify principal tribe(s)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
  Specify _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
  Specify _____
- ☐ Other
  Specify _____

Occupation (for most of life): | Industry

Please check one: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married

Date of Marriage: | Place of Marriage

Spouse's Name (Maiden):

Spouse's SSN: | Spouses Date of Birth

Military Information: | Branch: | Rank

S# | C#

Dates in Service: | Honorable Discharge: ☐ Yes ☐ No

Fathers Full Name

Mothers Full Name (Maiden)

Name of Person Giving Information
(If different from above) | Relationship:

Address: | Phone:

City: | State: | ZIP: | County:

Type of Arrangement Desired (Please check one): ☐ Burial ☐ Cremation

Name of Cemetery (if any):

If Cremation, what would you like done with your ashes