

Weddle Funeral Service & Salem Stayton Crematory

1777 N. Third Avenue Stayton, Oregon 97383

Phone 503.769.2423 Fax 5503.769.4713

Vital Statistic Information for Completion of Arrangements

Name of Person Whom Arrangements are for			
Date of Birth	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
City & State of Birth:			
Address:			
City	State:	Zip	Phone:
County/City Limits	Length of Residence in County (Years & Months):		
Education	<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> Associate degree	
	<input type="checkbox"/> 9th – 12th grade; no diploma	<input type="checkbox"/> Bachelor's degree	
	<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Master's degree	
	<input type="checkbox"/> Some college credit, but no degree	<input type="checkbox"/> Doctorate degree	
	<input type="checkbox"/> Refused	<input type="checkbox"/> Not Obtainable	<input type="checkbox"/> Unkown
		<input type="checkbox"/> Not classifiable	
Hispanic Origin	<input type="checkbox"/> No, Not Hispanic	<input type="checkbox"/> Yes- Check all of the following that apply <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino Specify _____	
Race	<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify principal tribe(s) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ <input type="checkbox"/> Other Specify _____	
Occupation (for most of life):		Industry	
Please check one: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fathers Full Name			
Mothers Full Name (Maiden)			
Name of Person Giving Information <small>(If different from above)</small>			Relationship:
Address:			Phone:
City:	State:	ZIP:	County:
Type of Arrangement Desired (Please check one):		<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation
Name of Cemetery (if any):			
If Cremation, what would you like done with your ashes			