

CEDAR HAVEN APPLICATION FOR ADMISSION

Date _____

Medicare No. _____
Social Security No. _____

Name _____

Residence Address _____ Since _____ Phone _____

Previous Address _____ Since _____

Mailing Address _____ Phone _____

Marital Status _____ Religion _____

Sex: Male _____ Female _____ Date of Birth _____ Age _____

Name of Spouse _____ Address _____

If deceased, give date of death _____ Veteran/or Widow of Vet _____

(LIST CHILDREN OR OTHER RESPONSIBLE PERSONS)

(LIST APPLICATION CONTACT PERSON FIRST)

Name	Relationship	Address	Zip Code	Home Phone #	Work phone #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(LIST ADDITIONAL NAMES ON REVERSE SIDE)

Preference of Funeral Director _____ Phone _____

Income Received _____ Amount _____
_____ Amount _____

ALL ASSETS: Solely & Jointly owned shall be reported

Have you or your spouse closed, given away, sold, or transferred any assets within the past 5 years. Yes _____ No _____

Real Estate Owned _____ Title in Names _____

Life Insurance _____ Amount _____

Bank Accounts _____ Amount _____

Other Assets _____ Amount _____

Diagnosis _____

Physician(s) _____

Recent Hospitalization(s) _____

Signature of Applicant or P.O.A.