



Application for Residence

Date: _____

First Name: _____ MI: _____ Last Name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Name of Spouse: _____

Phone: _____ Cell _____ E-mail: _____@_____

Date of Birth: ____/____/____ Place of Birth: _____ Sex: M F

Marital Status: ____ Married ____ Single ____ Widowed ____ Divorced ____ Separated

Social Security #: _____ Medicare # _____

Medicaid #: _____ Insurance: _____

Group#: _____ ID#: _____

Life's Occupation: _____ Level of Education: _____

Are you a veteran? ____ Yes ____ No If yes, dates of service _____

Branch of service: _____ Are you eligible for VA benefits? ____ Yes ____ No

Funeral Home of your choice: _____

Address: _____

Phone Number: _____ Funeral Prepaid ____ Yes ____ No

Do you have a: (Please Circle Yes or NO)

Living Will	Yes	No	If yes who? _____
Durable Power of Attorney for Health Care	Yes	No	If yes who? _____
Power of Attorney	Yes	No	If yes who? _____
Ohio DNR	Yes	No	If yes who? _____
Organ Donation Arrangements	Yes	No	If yes who? _____
Guardian	Yes	No	If yes who? _____

Religious Affiliation: _____

Address of Place of Worship: _____

Name of Leader: _____ Phone Number: _____



Please list the names of your contacts or people that may receive information about you starting with your responsible party. If you need more spaces please list them on a separate sheet and attach to the application:

1) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____

2) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____

3) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____

4) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____

Your Personal Physician: _____

Address: _____

Phone: _____ Specialty: _____

How did you hear about us? : _____

State briefly why you wish to be a resident here at The Village of St. Edward: _____

Signature of Applicant: _____ Date: _____