



APPLICATION FOR ADMISSION

- I am interested in Saint Mary's East
I am interested in Saint Mary's at Asbury Ridge

Name Birthdate Age Sex

Address Phone

Social Security No. Medicare No.

Spouse's Name Living Deceased

Who Referred You

Current Physician Phone

Physician Address

Hospital Preference

Attorney Phone

Attorney Address

Holder of Durable Power of Attorney Phone

Address

Do You Have a Living Will? Yes No

Copies Delivered to Saint Mary's Home of Erie? Yes No

In case of an emergency, notify:

Table with 3 columns: Name, Relationship, Address. Rows for emergency contacts with sub-rows for Home Phone and Work Phone.

Are you a veteran of the armed services? Yes No

If Yes: Branch Serial Number

**Life Insurance:**

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Face Value \_\_\_\_\_ Cash Surrender \_\_\_\_\_  
Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Face Value \_\_\_\_\_ Cash Surrender \_\_\_\_\_

**Health Insurance/Long Term Care Nursing Home Insurance:**

Blue Cross/Blue Shield Security 65 Plan \_\_\_\_\_  
( use letter )  
Agreement Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Other \_\_\_\_\_  
Agreement Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Do you have an irrevocable burial account? \_\_\_ Yes \_\_\_ No  
Funeral Home Preference \_\_\_\_\_

**Monthly Income:**

Social Security \_\_\_\_\_ Other \_\_\_\_\_  
Pension \_\_\_\_\_  
VA Pension \_\_\_\_\_ \*\*\* \_\_\_\_\_  
(Total Monthly Income)

**Checking Accounts:**

\_\_\_\_\_  
(Bank/Institution) Joint With Balance  
\_\_\_\_\_

**Savings Accounts/Certificates of Deposit:**

\_\_\_\_\_  
\_\_\_\_\_

**Real Estate:**

Do you own your own home? \_\_\_ Yes \_\_\_ No Mortgage Balance \_\_\_\_\_  
Joint With \_\_\_\_\_ Market Value \_\_\_\_\_  
Other Real Estate: \_\_\_\_\_ Joint With \_\_\_\_\_ Market Value \_\_\_\_\_

**Stocks & Bonds:**

Company \_\_\_\_\_ # of Shares \_\_\_\_\_ Value \_\_\_\_\_  
Company \_\_\_\_\_ # of Shares \_\_\_\_\_ Value \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_