



ST. DOMINIC'S SENIOR CARE HOME
350 North Sabana Drive
Barrigada Heights, Guam 96913

APPLICATION FOR ADMISSION

Name	Date	
Mailing Address	Home Address	
Date of birth (mm/dd/yy)	Age	Place of birth
Year came to Guam		Alien Registration No.
Religion		Church or Parish
Sex	Marital Status	Name of Spouse
Address of spouse, if living		Tel. No.
Education		
Former Occupation		Social Security No.
Name & Address of last Employer		
Last employment date		
MIP Number		Medicare/Medicaid Number
Life Insurance: Name & Address of Company – Face Value - Beneficiary		
Who retains policies?		Amount of annual premium
Do you have medical coverage?		
Other hospital insurance(s)		Number
Sources of present income		Amount
		Amount
		Amount

Have you ever made a will?		Where is it located?	
Burial arrangements:			
Do you own a burial lot?		Where?	Number
Name of person holding deed			
Who will pay for burial arrangements?			
Specific arrangements			
Next-of-Kin	Address	Tel. No.	Relationship
Present Physician		Referred to Home by	
Signature of person completing form		Relationship	Tel. No.