G-4 plat G lot 4 #5

5 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BURIAL-TRANSIT PERMIT This permit must accompany remains to destination REG. NO.

BURIAL TRANSIT PERMIT

BALTIMORE, MARYLAND 21215-0020

...t a duly executed burial-transit permit.

...e shipped by common carrier, the casket containing the body or the outer case shall be

1. DECEDENT'S NAME (First, Middle, Last) MARY MACHELLE FILICE (Michelle Felice)				2. DATE OF DEATH MONTH DAY YEAR: March 9, 1996	3. TIME OF DEATH: 7:33 p M
4. SOCIAL SECURITY NUMBER: 540-06-0989	5. SEX: 1 ☐ M 2 ☒ F	6. AGE (In yrs. last birthday): 29 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.	7. DATE OF BIRTH (Month, Day, Year): Jan. 15, 1967	8. BIRTHPLACE (State or Foreign Country): Lansing, Mich.
9a. FACILITY NAME (If not institution, give street and number): 11220 Minstrel Tune Dr.			9b. CITY, TOWN OR LOCATION OF DEATH: Germantown	9c. COUNTY OF DEATH: Montgomery	
RESIDENCE OF DECEDENT					
10a. STATE: Maryland	10b. COUNTY: Montgomery	10c. CITY, TOWN OR LOCATION: Germantown		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☒ NO	
10e. STREET AND NUMBER: 11220 Minstrel Tune Dr.		10f. ZIP CODE: 20876	10g. CITIZEN OF WHAT COUNTRY?: U.S.A.		
11. MARITAL STATUS 1 ☒ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): 4		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.): History Teacher		16b. KIND OF BUSINESS/INDUSTRY: Public Schools	
17. FATHER'S NAME (First, Middle, Last): Anthony P. Filice			18. MOTHER'S NAME (First, Middle, Maiden Surname): Kay A. Becker		
19a. INFORMANT'S NAME (Type/Print): Mr. Anthony P. Filice		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 11220 Minstrel Tune Dr. Germantown, MD 20876			
20a. METHOD OF DISPOSITION 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)		20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place): Woodlawn Cemetery DATE: March 13		20c. LOCATION — City or Town, State: Vermontville, Mich.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ▶		22. NAME AND ADDRESS OF FACILITY: DeVol Funeral Home 10 East Deer Park Drive Gaithersburg, MD 20877			