

Information Needed When A Death Occurs

Full Name of Deceased: (including maiden name if applicable): _____

Usual Address: _____

Gender: Male ___ Female ___ Other (please specify) _____

Marital Status: _____

Name of Spouse (including maiden name if applicable): _____

Date of Birth: _____ Place of Birth: _____

Social Insurance Number: _____ Provincial Health Number: _____

Occupation (during most of working life): _____ Business/Industry: _____

Father's Name _____ His Birthplace: _____

Mother's Name _____ Her Birthplace: _____

Name of Physician (s): _____

Names of Family Members for Newspaper Announcement:

Cemetery Chosen: _____

Place of Service: _____

Preferred Clergy /Leader: _____

Who is the Family Contact Person? _____

Telephone Numbers: Home _____ Cell: _____

E-mail Address: _____