

BURIAL SERVICES & CEMETERY INFORMATION

(Once form is complete, fax it to the cemetery)

INFORMATION ABOUT THE DECEASED

Last Name	First and Middle Names	Social Insurance No.	Gender (M or F)
Address			Phone No.
Date of Death (dd/mm/yy) Place of D		Death Marital Status	
Date of birth (dd/mm/	yy) Place of Birth	Spouse's Maiden name (last name before marriage	
Type of work done for most of their working Life		Type of business/industry the deceased worked in for most of their working life	
Father's Name (Last, First)		Birthplace, City and Province (If outside of Canada, State Country)	
Mother's Name (Last, First)		Birthplace, City and Province (If outside of Canada, State Country)	
Next of Kin Name (Pe	erson in charge of Deceased's affairs)		Relationship
Address			Phone No.
CEMETERY INI	FORMATION		Email Address:
Cemetery Name		Grave and Lot #	
Date and Approximate	e time of arrival at cemetery for buria	Owner of grave lot	