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/y	y) Place of I	Death	Marital Status
Date of birth (dd/mm/yy) Place of Birth	Spouse's Maiden name (la	ast 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 (Perso	on in charge of Deceased's affairs)		Relationship
Address			Phone No.
CEMETERY INFO	ORMATION		Email Address:
Cemetery Name		Grave and Lot #	
Date and Approximate ti	me of arrival at cemetery for burial	Owner of grave lot	