

Vital Statistic Information

Deceased Full Name: _____

Date of Death: _____

Place of Death: _____

Deceased Address: _____

Deceased Occupation (before retirement): _____

Deceased SIN: _____

Deceased Marital Status: _____

Spouse's name: (Maiden) _____

Deceased Birthdate: _____

Deceased Place of Birth: _____

Father's full name: _____

Father's birthplace: _____

Mother's full name (maiden): _____

Mother's birthplace: _____

Executor and or Legal Next of Kin: _____

Address: _____

Home phone No.: _____

Cell phone No.: _____

Email: _____

Items to Bring to the Arrangement Appointment

Deceased Photo: to be used for identification, web and or obituary notice (email to us)

Obituary: (email to us) Short Version _____ or Long Version _____

Executor or Next of Kin: Please send email or text a photo of your Photo Id and the page in the will appointing you as executor/executrix

Forms of payment of accepted: Credit card/Cheque/Debit – Cash (we offer financing to those who qualify (Service must be paid at time of arrangements)