



Name of Deceased:		Nee:
SIN:	Tel:	Mobile:
Address:		
Date of Birth:		Age at Death:
Place of Birth:		
Occupation (before retirement)		
Place of Death:		Date of Death:
Physician Signing Medical: (Name and City)		
Marital Status:		
Spouse's Name:		Nee:
Spouse's Address:		

Next of Kin:	Relationship:
Address:	Tel:

Father's Name:		Birthplace:
Mother's Name:	Mother's Maiden Name:	Birthplace:

Cemetery:	Church:
Disposition: () Cremation () Burial	Pacemaker? () YES () NO
Casket: () Cremation Box: ()	URN: YES () NO () Basic Urn Included ()
Other Container: Keepsake Urn: () Cremation Jewellery () Register Book ()	
Other Information:	