

**PERSONAL ARRANGEMENT FORM
ESSENTIAL INFORMATION**

This form is intended to provide the information which will be required by your representative (executor or family member or other person or persons) when he or she attends to the care of your remains at the time of your death.

Fill out both pages of the form with care, providing as much of the information as you can.

Sign and date the form in the space provided at the bottom of the second page.

Keep a copy for yourself and give another copy to your representative for safe keeping.

For reasons of privacy, **DO NOT SEND a copy to the Memorial Society.**

Name: _____ Phone #: _____
Surname Given Name Middle Name

S.I.N. #: _____ Care Card #: _____ Sex: M F

Address: _____
Street Post Office Box or Rural Route City Province Postal Code

Occupation: _____
(Before retirement) Kind of Work Kind of Business

Birthdate: _____ Birthplace: _____
Day Month Year City Province/State Country

Father's Name: _____
Surname Given Names

Birthplace of Father: _____
City Province/State Country

Mother's Name: _____
Maiden Name Given Names

Birthplace of Mother: _____
City Province/State Country

Marital Status: Single Married Widowed Divorced Common Law
 If married or widowed: _____
(Give full name of husband or maiden name of wife)

Family Doctor: _____
Name Address Telephone

PERSONAL ARRANGEMENT FORM
SPECIFIC REQUESTS

Please check your choice of service

Basic Disposition Memorial Service Funeral Service Graveside Service

I request that my remains be: Buried Cremated

If buried, Name of Cemetary: _____

If cremation, my remains should be: Buried Returned to Family Scattered

I request that my service be held in: Funeral Chapel Church

Name of Church or Funeral Home: _____

Clergy Name (Denomination): _____

Special requests (music, flowers, etc.): _____

I am a member of: _____

Fraternal Club Organization

I am a veteran of: _____

Rank Regimental Number

Newspaper Notices (Obituary): _____

Name of Charity: _____

I presently have a prepaid funeral policy with: _____

Signature

Date

Name of Next of Kin / Executor

Phone Number and Address of Next of Kin / Executor