

Essential Information for Funeral Arrangements



Full legal name (including maiden name): _____

Sex: ☐ Male ☐ Female ☐ Other: _____

Date of birth: _____ Place of birth: _____

Date of death: _____ Place of death: _____

Resident address: _____

Family doctor (name and phone number): _____

Marital status: ☐ Unknown ☐ Married ☐ Widowed ☐ Divorced ☐ Never married ☐ Separated

Spouses full legal name (or full maiden name): _____

Former spouse's full name (or full maiden name): _____

Common-law relationship information: _____

Social Insurance (SIN)#: _____ Alberta Health Care (AHC)#: _____

Drivers License #: _____ Alberta Identification (ABID)#: _____

Please also bring any ID cards for the deceased to the arrangements or send a digital image of them by email

Mother's full maiden name: _____

Mother's place of birth: _____

Father's full name: _____

Father's place of birth: _____

Occupation during working years: _____

Disposition: ☐ Cremation ☐ Burial Cemetery: _____

Authorized Representative or Legal Next of Kin information: Is there a will: ☐ Yes ☐ No

Name: _____ Relationship to deceased: _____

Address (residence and/or mailing): _____

Phone Number: _____ Email: _____