

Vital Statistics and Personal Data



To assure accurate vital statistics reporting, please keep a copy of your official birth certificate and social insurance number card with this personal profile.

Full Name _____

Telephone Numbers _____

Date of Birth/Place of Birth _____

Social Insurance Number _____

Children's Names _____

Single Married Widowed Divorced Never Married

Wife or Husband of _____

Occupation(s) _____

Father's name, birth date, and birthplace (City, Province, Country) _____

Employed by or Retired From _____

Mother's name, birth date, and birthplace (City, Province, Country) _____

Address _____

Professional/Fraternal/Charitable/Social Organizations _____

Funeral Service Choices



Choice of Funeral Home (Name, Address, and Phone Number)

Type of Service

Location of Service (Name, Address, and Phone Number)

Person to Conduct Service (Name Address, and Phone Number)
(Specify Officiant, Clergy, Other)

Other Speakers/Readers (Names, Addresses, Phone Numbers)

Participating Organization (Fraternal or Military)

Pallbearers (Names, Addresses, and Phone Numbers)

Honorary Pallbearers (Names, Addresses, and Phone Numbers)

Obituary YES NO Photo is attached Not Attached

Newspaper

Address

Funeral Service Choices



Family Visitation YES NO

Public Visitation YES NO

From Current Wardrobe New Other

Jewellery

Stay On YES NO Return to _____

Preference of Flowers

Memorials (Name and Address)

Private Poetry, Scriptures or Other Readings

Music

Disposition of Remains

Earth Burial Entombment Kept by Family

Scattering Other

Special Instructions (if held by family)

Special Instructions (for scattering)

If Earth Burial

Outer Burial Container

YES NO

Concrete

Steel

Bronze

Other

Exterior Color

Inscription

Funeral Service Choices



Name of Cemetary

Location

Lot in name of

Section

Lot

Block

Plot

Inscription for Memorial Marker

If Entombment

Name of Columbarium

Location

Other Special Instructions or Information
