



APPOINTMENT (date / time) \_\_\_\_\_  
FUNERAL DIRECTOR \_\_\_\_\_

IN DAY BOOK \_\_\_\_\_  
ON BOARD \_\_\_\_\_

**PERSONAL INFORMATION**

LEGAL LAST NAME (at time of death)		FULL LEGAL GIVEN NAMES	
KNOWN AS		GENDER	
DATE OF DEATH (month, day, year)		AGE	DRIVERS LICENSE
ALBERTA PERSONAL HEALTH NUMBER		SOCIAL INSURANCE NUMBER	
PLACE OF DEATH (name of hospital; if not in hospital give exact location)		CITY	
DATE OF BIRTH (month, day, year)		PLACE OF BIRTH (city, province, country)	
LEGAL MARITAL STATUS married divorced widowed separated common-law never married unknown		FULL LEGAL NAMES OF HUSBAND OR MAIDEN NAME OF WIFE (if married, widowed or divorced)	
TYPE OF BUSINESS (i.e. department store, bank, at home)		OCCUPATION (i.e. office clerk, salesman, homemaker)	
USUAL RESIDENCE (complete address; if rural give exact land description, including postal code)			
MOTHER (full legal names, maiden name)		PLACE OF BIRTH	
FATHER (full legal names)		PLACE OF BIRTH	
INFORMANT (full legal names)			DATE OF BIRTH
COMPLETE ADDRESS (including postal code)			
TELEPHONE / CELL/ PAGER/ FAX/ E-MAIL			RELATIONSHIP TO DECEASED

**SERVICES**

Funeral Service	TYPE OF SERVICE (traditional / memorial / graveside / other)		(involved / not involved)	
	(date, time)			
	(place & address)		CASKET <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> BEFORE <input type="checkbox"/> AFTER	
SPECIAL INSTRUCTIONS (private / large service / media present / other)				
Visitation	PUBLIC (date, time, location; upstairs / downstairs)			
	PRIVATE (date, time, location; upstairs / downstairs)			
Prayers	(date, time, location)		CASKET <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> BEFORE <input type="checkbox"/> AFTER	
I.D.	(date, time, location)			
Reserved seating	FAMILY # _____ <input type="checkbox"/> PRIOR <input type="checkbox"/> TO FOLLOW	EXTENDED FAMILY # _____ <input type="checkbox"/> PRIOR <input type="checkbox"/> TO FOLLOW	HONORARY PALLBEARERS # _____ <input type="checkbox"/> PRIOR <input type="checkbox"/> TO FOLLOW	PALLBEARERS # _____ <input type="checkbox"/> PRIOR <input type="checkbox"/> TO FOLLOW
	SPECIAL INSTRUCTIONS			
Memorial Table	PHOTOS	MEMENTOS	OTHER	
	SPECIAL INSTRUCTIONS			URN PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
Disposition	TYPE (burial / cremation / other)			
	SPECIAL INSTRUCTIONS (lower casket / flowers / other)			
	WITNESS CREMATION (date & time scheduled)			

Name \_\_\_\_\_

Director \_\_\_\_\_

Contact Number \_\_\_\_\_