

PERSONAL DATA

Name _____ Phone _____
 Address _____
 City _____ Province _____ Postal _____
 Birth Date _____ Social insurance no. _____ Citizenship _____
 Employed by (or retired from) _____ Job title _____
 Father's Name _____ Living Yes No Birthplace _____
 Mother's Maiden name _____ Living Yes No Birthplace _____

MARITAL STATUS

Spouse full name _____ Living Yes No Date of Death _____
 Birthdate _____ Birthplace _____ Social insurance no. _____

PERSONS TO BE NOTIFIED

In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, Friends, Neighbours)

Name _____ Relationship _____ Phone _____
 Address _____ City _____ Province _____ P.C. _____
 Name _____ Relationship _____ Phone _____
 Address _____ City _____ Province _____ P.C. _____

PERSON TO BE IN CHARGE OF FINAL ARRANGEMENT: Name _____
 Address _____ City/Province _____ Phone _____

LAST WILL AND TESTAMENT

I have prepared my will: Yes No Spouse Yes No
 My attorney is _____ City _____ Phone _____
 Executor/Executrix _____ Relationship _____ Phone _____
 Papers are on file: Where _____
 I have a living will: Yes No Location _____
 I have a signed organ donation card: Yes No

ESTATE INFORMATION

LIFE INSURANCE	COMPANY	POLICY NUMBER	AMOUNT
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Employer Coverage	_____	_____	\$ _____
	_____	_____	\$ _____

BANKING INFORMATION

Name of Credit Union _____ Phone _____
 Address _____ City _____ Province _____ P.C. _____
 Account number _____ Chequing Savings Term Deposits Mutual Funds RSP
 Name of Bank _____ Phone _____
 Address _____ City _____ Province _____ P.C. _____
 Account number _____ Chequing Savings Term Deposits Mutual Funds RSP

INVESTMENT TYPE	NAME OF COMPANY	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

REAL ESTATE

DESCRIPTION
 Principal residence: _____
 Location: _____
 Ownership (sole or joint): _____
 I owe a Mortgage _____
 If yes, Mortgage held by: _____
 Method of payment: _____
 Insurer: _____

INVESTMENT PROPERTY

Location: _____
Ownership (sole or joint): _____
Mortgage holder: _____
Insurer: _____

Location: _____
Ownership (sole or joint): _____
Mortgage holder: _____
Insurer: _____

SOCIETIES, CLUBS AND ASSOCIATIONS TO BE NOTIFIED

I belong to the following organizations, which should be notified of my death.

Name of Organization: _____
Address: _____

Contact: _____
Name of Organization: _____
Address: _____
Contact: _____

PROFESSIONAL ADVISORS

Financial Advisor
Name: _____ Telephone: _____
Lawyer
Name: _____ Telephone: _____
Accountant
Name: _____ Telephone: _____
Insurance Broker
Name: _____ Telephone: _____

SAFETY DEPOSIT BOX

Name of Financial Institution _____ Phone _____
Address: _____ City _____ Province _____ P.C. _____
Location of Key _____

FUNERAL SERVICES REQUESTS

Funeral Home _____ Chapel _____ City _____
Church Denomination _____ Minister/Rabbi/Priest _____
Mass: Yes No Rosary: Yes No Place of Service: Funeral Home Church Graveside
I Prefer: Earth Burial Mausoleum Cremation I Have Purchased a Plot: Yes No Plot # _____
Cemetery _____ Location _____ City _____ Province _____
If Interment Is To Be Elsewhere: Ship To _____ Funeral Home _____
City _____ Province _____ Phone _____
Glasses: Yes No Jewellery: Yes No Clothing: My Own New
Special Instructions: _____

CHILDREN OR OTHER DEPENDENTS

Full Name: _____ Full Name: _____
Date of Birth: _____ Date of Birth: _____
Address: _____ Address: _____
Telephone Number: _____ Telephone Number: _____

Date

Signature