

Provincial Registration of Death Division of Vital Statistics



Name

Surname

Given Names

Date of Birth

Month

Day

Year

Birthplace

City, Town, Place

Province (or Country) of Birth

Usual Residence

Street Address

City, Town, Place

Postal Code

Province

Health Card Number

SIN

Sex

Marital Status

Married

Never Married

Separated

Widowed

Divorced

Common Law

Spouse Full Name (Including Maiden Name if Applicable)

Occupation

Kind of Work Done During Most of Working Life

Kind of Business or Industry

Father

Surname and Given Names of Father

Birthplace – City or Place, Province, Country

Mother

Maiden and Given Names of Mother

Birthplace – City or Place, Province, Country

Executor or

Next-of-Kin

Name

Street Address, City, Town, Place

Postal Code

Telephone Number

E-Mail

Relationship to Deceased

Alternate Contact

Name

Street Address, City, Town, Place

Postal Code

Telephone Number

E-Mail

Relationship to Deceased

Additional Information



Signature

Date

Phone #

Final Arrangements



1. Type of Final Arrangement

- Funeral Service Green Burial Open Casket Closed Casket
 Memorial Service Green Cremation Direct Cremation or Burial
 Graveside Service

2. I request that my Event is to be conducted by:

- Clergy Non-Religious Celebrant
 Family Member Other

3. I request that my Event is to be held at:

(Name of Church or Assembly Facility)

4. I would like a reception to follow: Yes No

5. I request my body be: Cremated Buried

6. If BURIAL, name of cemetery: _____

7. I already own burial property at the above cemetery: Yes No

8. If CREMATION, I wish that my cremated remains be:

- Buried and memorialized in family plot or cremation plot

(Name and place of cemetery)

- Permanently scattered: On Land At Sea Other

If Other, specify: _____

- Returned to: My Family Executor



Almassy Metz

FUNERAL & CREMATION SERVICES

www.almassymetzfuneral.com