

PERSONAL DATA

Full Name _____ Phone _____
 Address _____ City _____
 Province _____ Postal _____ Birthdate _____ Citizenship _____
 Social Insurance No. _____
 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 ARRANGEMENTS: Name _____
 Address _____ City/Province _____ Phone _____

LAST WILL & 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 Yes No
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: _____

SPOUSAL SURVIVORSHIP BENEFITS

(Must apply to the following organizations within the following time periods to continue benefits. I.e. medical plans, pension, etc.)

Organization: _____
Contact: _____
Must apply within: _____

Organization: _____
Contact: _____
Must apply within: _____

PROFESSIONAL ADVISORS

Financial Advisor
Name: _____ Telephone: _____
Lawyer
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 # _____
Cemetary _____ 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 _____	_____

Date

Signature