

FUNERAL

Planning Guide



CREMATION HELP



CremationHelp.ca

BAO | BEREAVEMENT
AUTHORITY OF
ONTARIO
L'AUTORITÉ DES SERVICES FUNÉRAIRES ET CIMETIÈRES DE L'ONTARIO

My Information



CREMATION HELP

Full Name:

Address:

Social Insurance Number:

Date of Birth:

Birth Place:

Occupation:

Citizenship:

Marital Status:

Name of Spouse:

Maiden Name:

Date of Marriage:

Father's Full Name:

Father's Birth Place:

Mother's Maiden Name:

Mother's Birth Place:

Will: Yes No

Location of the Will:

Lawyer Name:

Phone #:

My Executor(s)

Name:

Phone #:

Name:

Phone #:

Name:

Phone #:

My Choices



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Funeral Prearranged: Yes No

Funeral Prepaid: Yes No

Place of Service: Funeral Home Other

Officiant:

Preferred Music:

Person(s) to do my Eulogy: Persons to be Pallbearers:

Burial:

If yes, do you have cemetery property? Yes No

Name of Cemetery: Yes No

Cemetery Section: Lot#

Cremation: Yes No

If yes, where do you wish the ashes to be placed? Family Plot Niche Other

Name of Crematorium:

Entombment: Yes No

If yes, do you have a mausoleum crypt?

Name of mausoleum and related information:

Other Choices:

My Information For Notice/Obituary



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For Newspaper:

Social Networking Website:

I Would Like My Name to be Printed This Way:

My Spouse:

Children and Their Spouses:

Grandchildren and Their Spouses:

Great Grandchildren:

Siblings and Their Spouses:

Parents:

My Education:

Professional Designations:

Religious Affiliation:

Clubs/Associations I Belong To:

Charitable Donations To:

Achievements:

Additional Information:



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info@cremationhelp.ca | 905-512-5799