



FULL LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE FILL IN BELOW CONTACT INFORMATION IF APPOINTED:**

NEXT OF KIN OR CLOSE FRIEND: \_\_\_\_\_

PHONE: \_\_\_\_\_

EXECUTOR NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FINANCIAL REPRESENTATIVE: \_\_\_\_\_

PHONE: \_\_\_\_\_

SPIRITUAL LEADER: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTHCARE PROVIDER: \_\_\_\_\_

PHONE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

PHONE: \_\_\_\_\_

BANKING INSTITUTION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**PLEASE IDENTIFY THE LOCATION OF EACH DOCUMENT BELOW:**

WILL: \_\_\_\_\_

BIRTH CERTIFICATE: \_\_\_\_\_

PASSPORT: \_\_\_\_\_

HEALTH CARD: \_\_\_\_\_

SIN CARD: \_\_\_\_\_

MARRIAGE LICENSE: \_\_\_\_\_

**ADDITIONAL DOCUMENTS/ARRANGEMENTS:**

STOCKS/BONDS: \_\_\_\_\_

MORTGAGE/LEASE: \_\_\_\_\_

DEEDS: \_\_\_\_\_

CAR OWNERSHIP./LEASE : \_\_\_\_\_

FUNERAL TRUST: \_\_\_\_\_

CERTIFICATE FOR CEMETERY PLOT: \_\_\_\_\_

MILITARY REGIMENTAL #: \_\_\_\_\_

CITIZENSHIP PAPERS: \_\_\_\_\_

**INSURANCE POLICIES:**

**LIFE:** POLICY NAME: \_\_\_\_\_

#: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**ACCIDENT/HEALTH :** POLICY NAME: \_\_\_\_\_

#: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PROPERTY:** POLICY NAME: \_\_\_\_\_

#: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**ACCIDENT/HEALTH :** POLICY NAME: \_\_\_\_\_

#: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**ADDITIONAL VITAL STATISTICS:**

HOW MANY YEARS IN PROVINCE: \_\_\_\_\_ OCCUPATION/TITLE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SIN: \_\_\_\_\_ MSP #: \_\_\_\_\_

VETERAN'S SERIAL #: \_\_\_\_\_ PASSPORT #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

MOTHER'S MAIDEN: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ RELIGION (IF ANY): \_\_\_\_\_

**PREFERRED PREARRANGEMENTS** (FAMILY/FRIENDS WILL NEED TO DETERMINE AND THEN ARRANGE THE FOLLOWING):

SERVICE LOCATION/TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ PREFERRED MUSIC: \_\_\_\_\_

SPEAKERS (IF ANY, PERHAPS CERTAIN GROUPS WOULD LIKE TO OFFER SOME WORDS OF HONOUR OR THANKS):

PREFERRED: BURIAL  CREMATION

IF CASKET IS PRESENT FOR FUNERAL, SHOULD IT BE OPEN  OR CLOSED  ?

SPECIAL REQUESTS: \_\_\_\_\_

BURIAL ARRANGEMENTS (IF ANY – COORDINATE CLERGY, TIMING, ETC.): \_\_\_\_\_

MEMORIAL TRIBUTES (IF ANY – NEWSPAPERS, ON-LINE, NOTIFYING ORGANIZATIONS, LOGOS IN OBITUARY):

FUNERAL CERTIFICATE (IF NEEDED FOR RELATIVES & FRIENDS TO GET DISCOUNTS ON AIRFARE/TRAVEL): \_\_\_\_\_

**HELPFUL TIPS:**

- DECIDE WHO WILL ADMINISTER YOUR ESTATE, AND RECORD ALL DECISIONS MADE.
- SELECT AND NOTIFY A FUNERAL SERVICE PROVIDER AND PRE-ARRANGE SERVICES (WHICH IS FREE!)
- CONSIDER PUBLISHING AN OBITUARY (VANCOUVER SUN/PROVINCE: 604-660-2937)
- NOTIFY POST-OFFICE TO REDIRECT MAIL (IF REQUIRED)
- OBTAIN DEATH CERTIFICATE (THROUGH FUNERAL PROVIDER) AND CONDUCT WILL-SEARCH (THROUGH VITAL STATISTICS 604-660-2937):
- REVIEW WILL AND OBTAIN PROBATE AND 'LETTERS OF ADMIN' FROM COURT IF REQUIRED.
- CALL SERVICE CANADA (1-800-277-9914) OBTAIN INFO ON CPP & OAS DEATH-BENEFITS AND ELIGIBILITY:
- DETERMINE IF THERE IS CONTINUED COVERAGE FOR SURVIVORS.

**CONTACT TO CANCEL:**

- MEDICAL SERVICES PLAN: 604-683-7151 - PASSPORT CANADA: 1-800-567-6868 - SIN REG.: 1-800-206-7218

- VETERAN AFFAIRS: 1-866-522-8122 - LAND TITLE OFFICE: 604-660-2595

CONTACT AN ACCOUNTANT TO FILE FINAL TAX RETURNS & GET BENEFICIARY/COURT APPROVAL.