

Important Information and Funeral Planning Guide

This is intended to assist you in collecting information to plan a funeral and does not mean you have prearranged your funeral. Contact a licensed provider to assist you to make proper arrangements.

This document contains personal information, please keep it in a safe place.

Full Name

(First, Middle, Last)

M F

Street Address

City, Province

Phone #

Email Address

Other #

Vital Statistics Information:

_____-_____-_____/_____/_____/_____ Social Insurance Number Date of Birth Birthplace (City, Province, Country)

Marital Status:

Married

Common Law

Partner

Widowed

Divorced

Never Married

_____/_____/_____/_____/_____/_____/_____/_____/_____ Partner's Name Marriage Date Place of Marriage (location) Death of Date

_____/_____/_____/_____/_____/_____/_____/_____/_____ Partner's Name Marriage Date Place of Marriage (location) Death of Date

_____/_____/_____ Father's Name Father's birthplace

_____/_____/_____/_____/_____/_____ Mother's Name Mother's birthplace Mother's Maiden Name

_____/_____/_____/_____/_____ Physician's Name Address, City, Province Phone #

_____/_____/_____/_____/_____/_____/_____/_____/_____ Resident of City (Years) Previous Resident City (Years) Previous Resident City (Years)

Employment History:

_____/_____/_____/_____/_____ Primary Occupation Industry Employer

_____/_____/_____/_____/_____/_____/_____/_____/_____ Position Held / Job Title (Years) Position Held / Job Title (Years)

Education:

_____/_____/_____/_____/_____/_____/_____/_____/_____ University/College Attended City, Province Year Graduated Degree Earned

_____/_____/_____/_____/_____/_____/_____/_____/_____ University/College Attended City, Province Year Graduated Degree Earned

_____/_____/_____/_____/_____/_____/_____/_____/_____ High School Attended City, Province Year Graduated Level Completed

Leisure Interests: Lodges, memberships, religious & public offices held, etc.

My favourite hobby: _____

I want to be remembered for: _____

Surviving Relatives / Family Information:

Spouse	_____	Address	_____	Phone	_____
Father	_____	Address	_____	Phone	_____
Mother	_____	Address	_____	Phone	_____
Children	_____	Address	_____	Phone	_____
	_____	Address	_____	Phone	_____
	_____	Address	_____	Phone	_____
	_____	Address	_____	Phone	_____
Siblings	_____	Address	_____	Phone	_____
	_____	Address	_____	Phone	_____
	_____	Address	_____	Phone	_____
	_____	Address	_____	Phone	_____
Grandchildren/Great-Grandchildren	_____				

Other	_____				

Preceded In Death By:

Name	(Relation - father, sister, etc.)	Name	(father, sister, etc.)
_____	My _____	_____	My _____
_____	My _____	_____	My _____
_____	My _____	_____	My _____

Military or Police Service: Military Service YES NO Police Service YES NO

_____	_____	_____	/ /	/ /
Branch of Service	Rate or Rank	Service #	Enlisted	Discharged

Legal Information:

Continuing Power of Attorney for Property: _____ N/A
Name & Address

Power of Attorney for Personal Care: _____ N/A
Name & Address

Do you have a **will**? NO YES If YES, provide the location of the will:

Lawyer Estate Trustee (Executor/Executrix) Safety Deposit Box Other _____

Location/Address _____

Address _____ Phone # _____

Phone _____ Location of Safety Deposit Box _____

Insurance, Financial and Real Estate Information: (Insurance policies, bank accounts & credit cards)

Insurance Company /	Policy Number	Insurance Company	Policy Number
Bank & location /	Account Number	Bank & location	Account Number
Credit Card /	Account Number	Credit Card	Account Number
Real estate owned /	Address	Real estate owned	Address
Financial Planner	Address		Phone #

Funeral & Cemetery Information:

Funeral home or transfer service	Location/City	Prearranged	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Prepaid	<input type="checkbox"/> YES <input type="checkbox"/> NO
Location of Service	Service Type	Officiant/Clergy & Place of worship	
Cemetery	Location/City	Section/Lot	Marker installed? <input type="checkbox"/> YES <input type="checkbox"/> NO
I have prearranged my burial or cremation	<input type="checkbox"/> YES <input type="checkbox"/> NO	I have prepaid my cemetery expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO
I would like my organs donated for transplant	<input type="checkbox"/> YES <input type="checkbox"/> NO	I would like my body donated for scientific research	<input type="checkbox"/> YES <input type="checkbox"/> NO
Music Selection	Vocalist Name / Phone #	Organist Name / Phone #	
Music Selection	Vocalist Name / Phone #	Organist Name / Phone #	
Special Reading, scripture, poem	Reader's Name / Phone #		
Special Reading, scripture, poem	Reader's Name / Phone #		
Floral Requests	Clothing Requests		
	Jewellery to be returned? If YES , to whom?		
	<input type="checkbox"/> NO <input type="checkbox"/> YES		
Jewellery to be worn			
Glasses to be worn? <input type="checkbox"/> YES <input type="checkbox"/> NO			

List Participating Organizations (Fraternal, Military Rites, etc.)

Memorabilia I would like displayed: awards, trophies, crafts, etc.

Obituary is to appear in the following Newspapers/City/Province Include photo? YES NO

Pall Bearer's Name	Address	Phone #
1		
2		
3		
4		
5		
6		

Honorary Pall Bearer's Name	Address	Phone #
1		
2		
3		
4		
5		
6		

Memorial Contribution Designation: _____

Special Instructions including cultural or social wishes: _____

Signature

Date

The Important Information and Funeral Planning Guide is furnished at no cost and may be duplicated as needed. You are encouraged to update it periodically and to ensure that your estate trustee (executor/executrix) knows where to find it when it is needed. **This document contains personal information, please keep it in a safe place.**

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