



This document can be completed and e-mailed back or fax to 905-272-9723  
E-mail: **tranquilityfuneralservices@gmail.com**

Full name of deceased: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

Place of death: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Last name/given names of spouse (maiden name): \_\_\_\_\_

Occupation and industry (if retired when working last): \_\_\_\_\_

Usual home address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's place of birth: \_\_\_\_\_

Mother's name (Maiden name as well): \_\_\_\_\_

Mother's place of birth: \_\_\_\_\_

Name of next of kin and relationship: \_\_\_\_\_

Address & Telephone number for next of kin:

\_\_\_\_\_

\_\_\_\_\_

Does deceased have a will: YES                      NO

Please state name and contact information for executor if different from next of kin:

\_\_\_\_\_

\_\_\_\_\_

Does the deceased have a pacemaker: Yes                      NO

Office Hours Mon –Fri 9-5 after hours and Holidays by appointment only: Call 905-855-7565