



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: \_\_\_\_\_

Occupation during working life: \_\_\_\_\_

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

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

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

Mother's name & Maiden: \_\_\_\_\_

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

Does deceased have a will:                      Yes                      No

If yes, Are you the Executor of the will? Yes                      No

Name of next of kin/Executor & relationship:  
\_\_\_\_\_

Address & Telephone number for next of kin/Executor:  
\_\_\_\_\_  
\_\_\_\_\_

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

**\*If deceased was Married, Please attach a copy of Marriage Certificate\***

If applicable, Maiden name of spouse: \_\_\_\_\_

For CPP Applications, Please State Date of birth and Place of birth of spouse:  
\_\_\_\_\_

Does the deceased have a pacemaker: Yes                      No

## Letter of Direction

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize Tranquility Burial and Cremation Services Inc. to undertake the requirements for the transportation, arrangements and cremation of the late \_\_\_\_\_ . I am \_\_\_\_\_ and next of kin of the late \_\_\_\_\_. I also further authorize Tranquility Burial and Cremation Services Inc. and its agents to sign any and all necessary documents to facilitate the above stated services. I also confirm that I have the authority to grant permission for these services.

Signed: \_\_\_\_\_

Dated:

Tranquility Burial And Cremation Services