

This document can be completed and e-mailed to tranquilityfuneralservices@gmail.com

Vital Statistics Information Sheet For At-Need Arrangements

~Information about the person arrangements are being made for~

First, Middle and Last Name:	
Name at Time of Birth if different:	
Sex:	
Social Insurance Number (optional):	
Current Legal Address:	
Approximate height and weight:	
Pacemaker? YES or NO:	
Contagious illness present?:	
Place of Death:	
Date of Birth:	Place of Birth:
Occupation (If retired, last occupation	n): Industry:
Father's first and last name:	Place of birth:
Mother's first and maiden name:	Place of birth:
Marital Status: (Single – never marrie	ed, Married, Divorced, Widowed, Common-law):
If married/widowed/divorced, name	of Spouse/Partner:
Maiden name of the Spouse:	
If married, spouse's date and place of	f birth:
please provide marriage certificate if	obtainable
Do you/ Does your loved one have a	will? Yes or No:
Receiving Old Age Security or CPP I	Benefits?
Contributed to CPP for at least 10 years	ars?
Would you like to make an urn select	ion (optional):
Plans for cremated remains afterward	l (optional):
	~Information about The Executor~
Name of Executor and Relation:	
Full Address:	
Phone number and email address:	
	If no, who is the Next of Kin
<u>.</u>	~Information about The Next of Kin~
Name of the next of kin:	
Relation of the next of kin:	
Full Address:	
Phone number:	
Email address:	
	~With thanks~

With thanks

Letter of Direction

To Whom It May Concern:	
I, and Cremation Services Inc. to un transportation, arrangements and	<u>-</u>
. (1: (1 1.	I am andand I also further authorize
Tranquility Burial and Cremation	Services Inc. and its agents to sign any and all the above stated services. I also confirm that I
Signed:	
Dated:	
Tranquility Burial And Cremation	n Services