



Funeral Plan of _____

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First Person to be Notified

Name

Area Code and Phone Number

Address

Additional Contact Person

Name

Area Code and Phone Number

Address

My Executor

Name

Area Code and Phone Number

Address

Co-Executor

Name

Area Code and Phone Number

Address

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Beneficiaries

1

Name

Area Code and Phone Number

Address

2

Name

Area Code and Phone Number

Address

3

Name

Area Code and Phone Number

Address

Personal Information

The following information will assist in completing documents :

Location of Will

Location of Power of Attorney

Location of Health Care Directive

My Name (with all of my given names)

Date of Birth

Place of Birth

Location of Birth Certificate

Social Insurance Number

Location of Card

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Passport Number _____ Location of Passport _____

Health Insurance Number _____ Location of Card _____

Marital Status
_____ Never married _____ Married _____ Widowed
_____ Divorced _____ Separated

Spouse's Full Name _____

Spouse's Date of Birth _____ Spouse's Place of Birth _____

Date of Marriage _____ Where Married _____

Location of Marriage Licence _____

My Employer _____ My Occupation _____

Employer's Address _____

Employer's Phone Number _____ Person to Contact _____

My Father's Full Name _____ Date of Birth _____ His Birth Place _____

My Mother's Full Name _____ Date of Birth _____ Her Birth Place _____

Her Maiden Name _____

Armed Forces Member or Veteran _____

Education:

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Personal Affairs

The location of all my important papers and accounts are listed below:

1

Name of Bank / Trust Co. / Credit Union	Account Number
Debit Card Number	PIN
Address	
Phone Number	

2

Name of Bank / Trust Co. / Credit Union	Account Number
Debit Card Number	PIN
Address	
Phone Number	

3

Name of Bank / Trust Co. / Credit Union	Account Number
Debit Card Number	PIN
Address	
Phone Number	

Location of Safety Deposit Box

Box #	Location of Key(s)
-------	--------------------

My Investment Company	Account Number
-----------------------	----------------

Address

Contact Person	Phone Number
----------------	--------------

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1

Life Insurance Company

Policy Number

Address

Contact Person

Phone Number

2

Life Insurance Company

Policy Number

Address

Contact Person

Phone Number

1

Real Estate - Owned or In Partnership - Full Address

Mortgage Company

Account Number

Contact Person

Phone Number

Location of Documents for this Property (Leases, Insurance, Taxes, etc.)

2

Real Estate - Owned or In Partnership - Full Address

Mortgage Company

Account Number

Contact Person

Phone Number

Location of Documents for this Property (Leases, Insurance, Taxes, etc.)

1

Name of Credit Card

Account Number + PIN

Company Phone Number

Location of Credit Card

Other Person(s) with a Card or Access Authorization

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2

Name of Credit Card

Account Number + PIN

Company Phone Number

Location of Credit Card

Other Person(s) with a Card or Access Authorization

3

Name of Credit Card

Account Number + PIN

Company Phone Number

Location of Credit Card

Other Person(s) with a Card or Access Authorization

Location of Jewellery

Location of Cemetery / Burial Papers

Lawyer's Name

Phone Number

Doctor's Name

Phone Number

Location of other personal effects and documents:

Tax Returns

Driver's Licence

Vehicle Registration(s)

Online Accounts with login names and passwords:

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Funeral Arrangements

I, _____ would appreciate if my family, friends, and legal council would please consider my following requests:

Donation for Medical Education or Transplant:

_____ I do NOT wish to donate my body, or any part of it, for medical education or transplant

_____ I wish to donate my entire body for medical education or scientific research

_____ I wish to donate any part of my body that can be used for transplant

_____ I wish to donate the following parts of my body for transplant (check off)

Organs:	_____ Heart	_____ Kidneys
	_____ Lungs	_____ Bowel
	_____ Pancreas	_____ Liver
Tissue:	_____ Corneas	_____ Skin
	_____ Heart Valves	
	_____ Solid bone and joints	

Should my donation for medical education or transplant not be accepted, the following instructions are my alternate plan:

_____ My Preferred Funeral Directors / Funeral Home

_____ My Funeral Service Should be Held At

_____ I want the service to be conducted by

_____ Phone Number

I would like the following persons to be pallbearers:

Alternate pallbearers, should any of the above persons be unable to perform this duty:

My preferred funeral service is checked below:

_____ Traditional

_____ Gravesite

_____ Burial

_____ Memorial

_____ Cremation

_____ Entombment

_____ No Service

_____ Alternative _____

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I want the service to include the following:

Flowers - preference _____

Music - preference _____

Readings - preference _____

Prayers - preference _____

Eulogy - to be given by _____

Memory photograph and/or video presentation _____

Other _____

My cremains should be:

Kept at home

Kept at home until _____ and then _____

Buried at _____

Partial Scattering with Burial at _____

Scattered at _____

Placed in a niche in a columbarium at _____

On my grave, I want (be sure to confirm what is permitted at the cemetery):

No marker or tombstone

A flat marker

An upright tombstone with the following inscription

Photo Yes No

Accessories - such as candle or flower holders:

Design _____

Other _____

The costs relating to my funeral and burial can be paid from the following:

My estate

A pre-paid plan with _____

Life insurance policy with _____

Bank account at _____

Canada Pension Plan

Other _____

My funeral arrangements at the funeral home or with the funeral director:

Are on file Are paid

Are not on file Are not paid

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My preference where prayers should be held:

_____ At the funeral home _____ At the Church

The prayers and service are to be:

_____ Open to anyone who wishes to attend

_____ Private, attended only by my immediate family

_____ Other: _____

Memorial lunch after Prayers:

_____ Yes

Alcoholic Beverages _____ Yes _____ No

Food to be provided by _____

_____ No

Memorial lunch after Service:

_____ Yes

Alcoholic Beverages _____ Yes _____ No

Food to be provided by _____

_____ No

I would like my casket to be:

_____ Wood _____ Cloth _____ Metal

_____ Other _____

_____ Placed in a concrete grave liner

I prefer that my casket be:

_____ Open _____ Open only for my Family

_____ Open for public viewing _____ Closed

I want my body:

_____ To be embalmed

_____ To be cosmetically restored

_____ Not to be embalmed or cosmetically restored

_____ Not to be exposed to any public or private viewing

I prefer my hair and cosmetics to be done:

_____ By the funeral home

_____ By these people:

Hair - Name and Phone Number

Cosmetics - Name and Phone Number

My special requests are (such as possessions to be buried with me):

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I would like to be dressed in the following clothes:

And with the following jewellery:

My religious belief expressed for my funeral service should be:

My favourite music, poem, and scripture are:

I would like the following mentioned at my funeral service:

Meaningful moments in my life:

My hobbies and things that I enjoy doing:

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Newspaper Obituary Notice

_____ I have prepared my own obituary. It can be found in -

I would prefer my obituary to be placed:

_____ Before my funeral service

_____ After my funeral service

_____ No notice to be printed

I prefer:

_____ That flowers be accepted

_____ That flowers be declined

_____ That mourners be invited to make donations to the following organization(s)

1

Name

Address

City

Prov/State

Code

2

Name

Address

City

Prov/State

Code

3

Name

Address

City

Prov/State

Code

My spouse / widow / widower

My parent's names and their status:

My spouse's parent's names and their status:

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I suggest the following to be mentioned in the obituary notice:

My children's names and their spouses and addresses:

My grandchildren's names and their spouses and addresses:

My brother's and sister's names and their spouses and addresses:

Pets, friends, doctors, caregivers:
