



**Contacts**

**Beneficiaries**

**A Guide to  
Planning  
Your  
Funeral**

**Personal  
Information**

**Personal  
Affairs**

**Obituary**

**Funeral  
Arrangements**

# 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

# Funeral Plan of \_\_\_\_\_

## 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

# Funeral Plan of \_\_\_\_\_

---

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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# Funeral Plan of \_\_\_\_\_

## 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 |
|----------------|--------------|

# Funeral Plan of \_\_\_\_\_

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

# Funeral Plan of \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Funeral Plan of \_\_\_\_\_

## 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: | <input type="checkbox"/> Heart                 | <input type="checkbox"/> Kidneys |
|         | <input type="checkbox"/> Lungs                 | <input type="checkbox"/> Bowel   |
|         | <input type="checkbox"/> Pancreas              | <input type="checkbox"/> Liver   |
| Tissue: | <input type="checkbox"/> Corneas               | <input type="checkbox"/> Skin    |
|         | <input type="checkbox"/> Heart Valves          |                                  |
|         | <input type="checkbox"/> 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:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Traditional       | <input type="checkbox"/> Gravesite  |
| <input type="checkbox"/> Burial            | <input type="checkbox"/> Memorial   |
| <input type="checkbox"/> Cremation         | <input type="checkbox"/> Entombment |
| <input type="checkbox"/> No Service        |                                     |
| <input type="checkbox"/> Alternative _____ |                                     |



# Funeral Plan of \_\_\_\_\_

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 remains 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 not on file
- Are paid
- Are not paid

# Funeral Plan of \_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Funeral Plan of \_\_\_\_\_

I would like to be dressed in the following clothes:

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And with the following jewellery:

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My religious belief expressed for my funeral service should be:

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My favourite music, poem, and scripture are:

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I would like the following mentioned at my funeral service:

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Meaningful moments in my life:

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My hobbies and things that I enjoy doing:

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# Funeral Plan of \_\_\_\_\_

## 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:

\_\_\_\_\_  
\_\_\_\_\_

# Funeral Plan of \_\_\_\_\_

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

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My children's names and their spouses and addresses:

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My grandchildren's names and their spouses and addresses:

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

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Pets, friends, doctors, caregivers:

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