



404B Hurontario Street  
Collingwood, ON  
L9Y 2M8  
Telephone: 705-446-0197  
Fax: 705-444-4700  
License Number TS-1034

## REQUIRED INFORMATION

The following information is helpful to us when administering the cremation arrangements. We will use the information in order to register the death with the municipal and provincial governments and in order to generate the proof of death certificates..

FULL NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

OCCUPATION (before retirement): \_\_\_\_\_ INDUSTRY/BUS.: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

PARENTS' NAMES: father: \_\_\_\_\_

birthplace: \_\_\_\_\_

mother: \_\_\_\_\_ (maiden name)

birthplace: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_ (maiden name of wife)

EXECUTOR: \_\_\_\_\_

address: \_\_\_\_\_

telephone: \_\_\_\_\_

FAMILY MEMBERS: (include spouse, children, grandchildren, siblings, etc)