



ARRANGEMENT FORM

Suite 108 - 2360 Beacon Ave.
Sidney, BC V8L 1X3

PHONE 250-656-5555
FAX 250-656-7444

CONTRACT # _____

VITAL STATISTICS

LEGAL LAST NAME		FULL LEGAL GIVEN NAME (S)
KNOWN AS		GENDER
DATE OF DEATH		PLACE OF DEATH
B.C. CARE CARD NUMBER		SOCIAL INSURANCE NUMBER
DATE OF BIRTH (MONTH / DAY / YEAR)	AGE	PLACE OF BIRTH (CITY / PROVINCE / COUNTRY)
LEGAL MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> UNKNOWN		IF MARRIED, WIDOWED, SEPARATED, DIVORCED OR COMMON-LAW NAME OF SPOUSE (MAIDEN NAME IF APPLICABLE)
OCCUPATION (OR BEFORE RETIREMENT)	HOW LONG	TYPE OF BUSINESS
USUAL ADDRESS (INCLUDING POSTAL CODE)		
MOTHER (FULL LEGAL NAME, MAIDEN NAME)		PLACE OF BIRTH
FATHER (FULL LEGAL NAME)		PLACE OF BIRTH
RESPONSIBLE NEXT OF KIN		
INFORMANT (FULL LEGAL NAME)		RELATIONSHIP TO DECEASED
COMPLETE ADDRESS (INCLUDING POSTAL CODE)		
TELEPHONE / CELL / EMAIL / FAX		
ALTERNATE CONTACT PERSON		RELATIONSHIP TO DECEASED
TELEPHONE / CELL / EMAIL / FAX		