



Suite 204A, 223-12 Avenue S.W.
Calgary, Alberta T2R 0G9
(403) 248-2044 · 1(800) 566-9959
admin@calgarymemorial.com
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GUIDANCE FORM - MY SERVICE PREFERENCES UPON DEATH

NAME _____ TELEPHONE: _____

ADDRESS _____

FUNERAL HOME to be contacted _____

CLERGYMAN or CHURCH to be contacted _____

DISPOSAL OF BODY:

Circle Your Choice or Fill in the Missing Information

- I do/do not wish my body to be buried at the following cemetery _____
I have/have not purchased a plot at that cemetery
- I do/do not want to be cremated
I want my ashes to be scattered by my next of kin or executor/interred in a burial plot or columbarium at the following cemetery _____
I have/have not purchased a burial plot or columbarium niche at that cemetery
- I have arranged to have my body donated to medical science at the following institution: _____

FUNERAL SERVICE:

Circle Your Choice or Fill in the Missing Information

I want/do not want a funeral service to be held.

The location I choose for my service is: _____

I prefer that the service be public/private _____

I want the service to be conducted by _____

TYPE OF FUNERAL:

Circle Your Choice or Fill in the Missing Information

- I want a funeral similar to CMS Plan _____
- I do/do not wish my body to be embalmed
- I do/do not wish the casket to be open
- I do/do not wish to have an obituary in the newspaper
- I do/do not want memorial gifts in lieu of flowers
- I wish memorial gifts to be directed to _____

TISSUE DONATION:

I have made arrangements with _____ (enter name of organization) to donate my entire body/the following organs (specify organs) _____ upon my death.



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PERSONAL INFORMATION REQUIRED AT TIME OF DEATH - VITAL STATISTICS

At the time of death of a member, it is a legal requirement that a Registration of Death Form be completed and submitted to the Province of Alberta. The funeral home will do this, using information provided by the next of kin or executor. Since this information is not always readily available to your next of kin, we recommend that you record it here to the best of your ability.

Surname: _____ First and Middle Name(s): _____

Full Address: _____

Sex: _____ Marital Status: _____

Your Primary Occupation During Working Career: _____

If Married, Widowed or Divorced, give full name of husband or full maiden name of wife:

Your Birthdate: Year _____ Month _____ Day _____

Your Birthplace: City _____ Province _____ Country _____

Father's Full Name: _____

Father's Birthdate: Year _____ Month _____ Day _____

Father's Birthplace: City _____ Province _____ Country _____

Mother's Full Name (including Maiden Name): _____

Mother's Birthplace: City _____ Province _____ Country _____

Mother's Birthdate: Year _____ Month _____ Day _____

Your Next of Kin: Name _____ Address _____

Signature

Date

PLEASE KEEP THIS FORM FOR YOUR NEXT OF KIN