

PROVINCIAL REGISTRATION OF DEATH- DIVISION OF VITAL STATISTICS

NAME	SURNAME			ALL GIVEN NAMES		
USUAL RESIDENCE	COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural route address)					
	CITY, TOWN OR OTHER PLACE (by name)			POSTAL CODE		PROVINCE (or country)
	HEALTH CARD NO.			S.I.N.		SEX M <input type="checkbox"/> F <input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE		
OCCUPATION	KIND OF WORK DONE DURING MOST OF WORKING LIFE			KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED		
BIRTHDATE	MONTH (by name), DAY, YEAR OF BIRTH					
BIRTHPLACE	CITY TOWN OR OTHER PLACE			PROVINCE (or country) OF BIRTH		
FATHER	SURNAME AND GIVEN NAMES OF FATHER			BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY		
MOTHER	MAIDEN AND GIVEN NAMES OF MOTHER			BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY		
EXECUTOR OR NEXT-OF-KIN	NAME			ADDRESS		
	POSTAL CODE	TELEPHONE NO.		E-MAIL	RELATIONSHIP TO DECEASED	
ALTERNATE CONTACT	NAME			ADDRESS		
	POSTAL CODE	TELEPHONE NO.		E-MAIL	RELATIONSHIP TO DECEASED	

ADDITIONAL INFORMATION: _____



ALTERNATIVES™
FUNERAL & CREMATION
SERVICES

Signature: _____

Date: _____ Phone# _____

FINAL ARRANGEMENTS

1. Type of Final Arrangement (Check appropriate box - See reverse for description):

- ALTERNATIVES EVENT FUNERAL SERVICE Open Casket Closed Casket
 GRAVESIDE SERVICE MEMORIAL SERVICE DIRECT CREMATION OR BURIAL
 GREEN BURIAL GREEN CREMATION

2. I request that my Event is to be conducted by:

- Clergy Non-Religious Celebrant
 Family Member Other

3. I request that my Alternatives Event™ / Funeral / Memorial Service is to be held at:

(Name of Church OR Assembly Facility)

4. I would like a reception to follow: YES NO

5. I request my body be: CREMATED BURIED

6. If **BURIAL**, name of cemetery: _____

7. I already own burial property at the above cemetery: YES NO

8. If **CREMATION**, I wish that my cremated remains be:

- BURIED AND MEMORIALIZED IN FAMILY PLOT OR CREMATION PLOT

(Name and place of cemetery)

OR, PERMANENTLY SCATTERED: ON LAND AT SEA OTHER

IF OTHER, specify: _____

- CREMATED REMAINS TO BE RETURNED TO: MY FAMILY EXECUTOR

9. I would like to have my Event broadcast via the Internet (this allows friends and family members from all over the world to be virtual guests at your event): YES NO

10. I would like a Video Tribute DVD shown at my event and copies available for my family members. YES NO

11. I wish to assist my executor by having Alternatives™ provide a personalized Estate Assistance Guide for his or her use. YES NO

For a complete description of all of our services and product options, please visit our website at:

www.myalternatives.ca