



ALTERNATIVES™
FUNERAL & CREMATION
SERVICES

Estate Assistance Kit Application Form

Please provide the following information:

- A Name of Deceased: _____
- B Address _____
- C City, Province: _____
- D Postal Code: _____
- E Date of Birth: _____
- F Date of Death: _____
- G Social Insurance Number: _____
- H Care Card Number: _____
- I Executor Name: _____
- J Executor Address: _____
- K Executor City, Province: _____
- L Executor Postal Code: _____
- M Executor Phone Number: _____
- N Executor Email: _____
- O Survivor Name: _____
- P Survivor's Social Insurance
Number: _____

After you have completed this form please fax it to: 306-757-2328