

Full Name

First Name Middle Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Social Insurance Number

Place of Birth

Date of Birth

Occupation

Spouse/Partner

Parents: (Including Mother's Maiden Name)

Children (Please include partners & location)

Siblings (Please include partners & location)

Grandchildren

Great Grandchildren

Other Relatives

Church, Lodge, Military Service, Clubs, Societies, Offices Held

Disposition

Cemetery Information

Donations (Canadian Cancer Society, Heart & Stroke Foundation, etc.)

Other Family Information

Bank & Types of Accounts

Safety Deposit Box Location (if applicable)

Box Number (if applicable)

Key Location (if applicable)

Lawyer

Executor

Deeds

Insurance Policies

Insurance Agent

Funeral/Memorial Service Location

Special Instructions to Family (music preferences, clothing, etc.)

Additional Notes