



PERSONAL USE ONLY
DO NOT SEND TO CMS

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FUNERAL PLANNING GUIDANCE FORM

This form is designed to document my important decisions, preferences, and the personal information required for Vital Statistics in Alberta. It can be taken to the funeral home to assist with making final arrangements.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

FUNERAL HOME to be contacted: _____

CLERGYMAN or CHURCH to be contacted: _____

1. Personal Information for Vital Statistics

This section contains the necessary information required for completing the Registration of Death Form in Alberta.

- Full Legal Name (at birth): _____
- Any Other Names (if applicable): _____
- Date of Birth: _____
- Place of Birth (City, Province/State, Country): _____
- Social Insurance Number (SIN): _____
- Alberta Health Number: _____
- Usual Residence (Full Address): _____
- Gender: _____
- Marital Status: _____
- Occupation (during working life): _____
- Date of Death (if known in advance): _____

2. Family Information for Vital Statistics

- Father's Full Legal Name (at birth): _____
- Father's Place of Birth (City, Province/State, Country): _____
- Mother's Full Legal Name (at birth): _____
- Mother's Place of Birth (City, Province/State, Country): _____
- Mother's Maiden Name (if applicable): _____

3. My Farewell Preferences

- What kind of farewell would I like? (Examples: Simple gathering, religious service, memorial celebration, etc.) _____
- Where would I like the service to be held? (Examples: Church, funeral chapel, or another facility) _____
- Type of service I would prefer: (Please check one)
 - Traditional funeral service with me present (casket / urn)
 - Memorial service without me present
 - No service

4. Burial or Cremation

I would like to be: (Please check one)

- Buried
- Cremated

6. If Buried

Do I have a cemetery plot? (Please check one)

- Yes, located at: _____
- No. My preferred location to be buried is: _____

7. If Cremated

What should be done with my ashes? (Please check one)

- Interred. Location: _____
- Scattered Location: _____
- No preference

8. Embalming

Do I want to be embalmed? (Please check one)

- Yes
- No

9. Casket Preferences

What type of casket would I prefer? (Consider material, style, and budget)

- Wood casket
- Metal casket
- Eco-friendly or green casket
- cremation casket or tray (choose one for cremation)
- CMS rental casket (This option can significantly reduce costs.)

10. Funeral Arrangements

Who do I authorize to make funeral arrangements on my behalf? (List your executor and any next of kin or friends)

Executor: _____

Next of kin or friend(s): _____

11. Any other notes or special requests:

It's important to share the funeral planning form with your executor, family, and relevant service providers to ensure your wishes are honored. Store the form securely but accessibly with other important documents like wills, and provide copies to trusted individuals to prevent confusion and ensure your preferences are followed during difficult times.