



Suite 204A, 223-12 Avenue S.W.
Calgary, Alberta T2R 0G9
(403) 248-2044 · 1(800) 566-9959
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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 have arranged to have my body donated to medical science at the following institution: _____

- I do/do not want my body to be buried

- I do/do not want to be cremated

- I do/do not want my ashes to be interred

- I would like to be interred in a burial plot or columbarium at the following cemetery: _____

- I have/have not purchased a plot or niche at that cemetery

- I prefer my ashes to be scattered here: _____

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'd like 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 FOR VITAL STATISTICS

At the time of death, 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: _____

Gender: _____ Marital Status: _____

Your Primary Occupation(s) 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 _____

Member's Signature

Date

PLEASE KEEP THIS FORM FOR YOUR NEXT OF KIN
(We do not want it mailed back to us.)