

# **SIMPLY CREMATIONS & FUNERAL SERVICES** <sup>TM</sup>

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 Ovea Funeral Services Inc.

**THE FOLLOWING INFORMATION IS REQUIRED BY THE PROVINCIAL GOVERNMENT TO REGISTER THE DEATH**

CONTRACT # \_\_\_\_\_

## ARRANGEMENT FORM

LEGAL LAST NAME		FULL LEGAL GIVEN NAMES	
KNOWN AS		GENDER	
DATE OF DEATH		EXACT LOCATION OF DEATH	
B.C. CARE CARD NUMBER		SOCIAL INSURANCE NUMBER	
DATE OF BIRTH (month, day, year)	AGE	PLACE OF BIRTH (city, province, country)	
LEGAL MARITAL STATUS		HUSBAND'S FULL LEGAL NAMES or WIFE'S MAIDEN NAME (if married, widowed or divorced)	
TYPE OF BUSINESS	ORGAN/TISSUE	OCCUPATION - PRE-RETIREMENT (office clerk, homemaker etc)	
USUAL RESIDENCE (complete address, including postal code)			
MOTHER (full legal names, MAIDEN name)		MOTHER'S PLACE OF BIRTH	
FATHER (full legal names)		FATHER'S PLACE OF BIRTH	

## RESPONSIBLE NEXT OF KIN OR EXECUTOR

INFORMANT (full legal names)		RELATIONSHIP TO DECEASED	
COMPLETE ADDRESS (including postal code)			
TELEPHONE/CELL/EMAIL/FAX			
ALTERNATE CONTACT PERSON	RELATIONSHIP TO DECEASED	TELEPHONE/CELL/EMAIL/FAX	