



**SERENITY LINDSAY FUNERAL HOME & CREMATORIUM
FUNERAL ARRANGEMENT FORM**

This form is meant to help you put information in place regarding your funeral arrangements.
The information is required to assist with filling out documentation and records at the time of death.
Serenity Funeral Home & Crematorium and H C Lindsay Funeral Home & Crematorium follows strict privacy rules and
you can be assured that any information that you provide will be held in confidence in.
Should you wish to arrange finances to look after your funeral arrangements we can assist you with this.
Please ask us about this option and we will help you determine the best plan for your needs.

SURNAME NAME _____ FIRST _____ MIDDLE _____ MAIDEN _____

ADDRESS _____ CITY _____ POSTAL CODE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE OF DEATH _____ PLACE OF DEATH _____

SIN # _____ OCCUPATION _____

SINGLE () MARRIED () WIDOWED () SEPARATED () MALE () FEMALE ()

HEALTH CARD # _____ RELIGION _____

SPOUSES FIRST NAME _____ MIDDLE _____ MAIDEN NAME _____

SPOUSE SIN# _____ SPOUSE BIRTHDATE _____ SPOUSE BIRTHPLACE _____

DATE OF MARRIAGE _____ DVA# (IF APPLICABLE) _____

N.O.K. (IF DIFFERENT) _____ TEL: _____

N.O.K. ADDRESS (IF DIFFERENT) _____ CITY _____ POSTAL CODE _____

BILLING INFORMATION:

CONTACT PERSON _____ ADDRESS _____

POSTAL CODE _____ TELEPHONE # _____ EMAIL _____

FAMILY RECORD:

FATHERS NAME _____ BIRTHPLACE _____ LIVING? _____

MOTHERS NAME _____ BIRTHPLACE _____ LIVING? _____

MOTHERS MAIDEN NAME _____

SONS: _____ OF _____

_____ OF _____

SONS DECEASED _____

DAUGHTERS: _____ OF _____

_____ OF _____

DAUGHTERS DECEASED _____

BROTHERS: _____ OF _____

_____ OF _____

BROTHERS DECEASED _____

SISTERS: _____ OF _____
_____ OF _____
_____ OF _____
_____ OF _____
_____ OF _____
_____ OF _____

SISTERS DECEASED _____

GRANDCHILDREN _____ GREAT GRANDCHILDREN _____ GREAT- GREAT _____

NAMES IF DESIRED _____

OTHER FAMILY _____

DONATIONS _____

ORGANIZATIONS _____

SERVICE LOCATION: _____ On: _____ At: _____ (pm/am) Public/Private:

VISITATION: _____ DATE: _____ TIME: _____ LOCATION: _____

CLERGY _____ MUSIC: _____

BURIAL INSTRUCTIONS: _____

OTHER INSTRUCTIONS / REMARKS: _____

(PICK UP) OR ADDRESS THAT CREMAINS ARE TO BE BROUGHT TO: _____

_____ DATE REQUESTED: _____

SERVICE PLAN CHOICE:

TRADITIONAL BURIAL WITH CASKET _____ CASKET TYPE _____

DIRECT CREMATION _____ URN TYPE _____

INTERMENT: _____ GRAVE LOCATION: _____

CLERGY: _____ ORGANIST: _____ RECEPTION: _____ SOLOIST: _____

OBITUARY: _____ OBITUARY (2): _____ FLOWERS: _____

OTHER: _____