

Burquitlam Funeral Home

" FAMILY OWNED "

Phone: 604.936.9987

Fax: 604.936.6912

www.BurquitlamFuneralHome.ca

Please complete the following information and either fax, email, or bring the completed form to the arrangement.

At-Need Arrangement Form

Personal Information of the Deceased

Title	Surname	Given Names	Sex	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	
Maiden Name	Aboriginal Status	Registration Number		
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		
Address	City	Prov. / State	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Cell Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CareCard Number	Social Insurance Number	BC Resident		
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
Date of Birth (MM/DD/YY)	Age	Birth City	Prov. / State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Work	Type of Business Industry	Years		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Marital Status				
<input type="radio"/> Never Married <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Common Law <input type="radio"/> Other				
Spouse Surname / Maiden Name	Spouse's Given Name			
<input type="text"/>	<input type="text"/>			
Surname of Father	Given Names of Father			
<input type="text"/>	<input type="text"/>			
Birthplace of Father - City/Place, Province/State, Country				
<input type="text"/>				
Surname of Mother	Given Names of Mother			
<input type="text"/>	<input type="text"/>			
Birthplace of Mother - City/Place, Province/State, Country				
<input type="text"/>				
Family Doctor's Name	Doctor's Phone Number			
<input type="text"/>	<input type="text"/> - <input type="text"/>			

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Information of the Person or Executor Completing the Arrangements

Name of Informant	Your Relationship		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Street Address	City	Prov. / State	Postal Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Phone	Work Phone	Cell Phone	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Type of Disposition & Funeral Service Requested

Type Of Disposition	<input type="radio"/> Burial <input type="radio"/> Cremation
Type Of Service	<input type="radio"/> Conventional Service in Chapel with Burial or Cremation (Body Present) <input type="radio"/> Conventional Service in Other Location followed by Burial / Cremation (Body Present) <input type="radio"/> Memorial Service in Our Chapel <input type="radio"/> Memorial Service in Other Location (With staff in Attendance) <input type="radio"/> Immediate Cremation <input type="radio"/> Immediate Cremation with Viewing <input type="radio"/> Immediate Cremation with Graveside <input type="radio"/> Graveside Service
Viewing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer Not, but at Family Discretion
Casket	Description: <input style="width: 95%;" type="text"/> <input type="radio"/> Open <input type="radio"/> Closed If selected open: <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After
Urn	Description: <input style="width: 95%;" type="text"/> Present at Service: <input type="radio"/> Yes <input type="radio"/> No
Preparation:	Preservation, Dressing, Cosmetic Care: <input type="radio"/> Yes <input type="radio"/> No Embalming: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Only if needed

Additional Notes or Instructions