



Memorial Society of Red Deer & District

3030 - 55 Street, Red Deer, AB T4P 3S6
Phone 403-340-3898

Membership # _____

NAME: _____
(Surname) (All given names in full)

MAILING ADDRESS: _____

(City / Town) (Province) (Postal Code) (Telephone)

EMAIL ADDRESS: _____

INFORMATION FOR MY SURVIVORS

FUNERAL HOME (PROVIDER) TO BE CONTACTED: _____
(See list in Brochure)

CLERGY and/or CHURCH TO BE CONTACTED: _____

I AM A VETERAN: Yes No

My choice of PLAN from the Memorial Society Brochure is: (PLEASE CIRCLE ONE)

BURIAL	B-1	B-2	B-3
CREMATION:	C-1	C-2	C-3

PLEASE COMPLETE THE FOLLOWING:

If BURIAL is chosen:

- I wish my body to be embalmed: Yes No
- I wish the casket to be open: Yes No
- I have purchased a burial/cremation plot: Yes No
- If yes, name of Cemetery/Town/City/plot number: _____
- I have arranged for donation of my body for medical research with: _____
_____ Hospital in the City of _____
- I have given consent for donation of my organs: Yes No

If CREMATION is chosen, my cremains/ashes should be:

- Given to my next of kin Disposed of by Crematorium
- Other _____
- I wish notice of my death in the newspaper: Yes No
- I prefer memorial gifts in lieu of flowers: Yes No
- Memorial gifts should be to Memorial Society Other _____

PRIVACY STATEMENT: This information is solely for the Memorial Society, family, executor and the funeral provider selected above to notify them of my wishes regarding the disposal of my remains and of the arrangements that have been made.

SIGNATURE DATE

PLEASE BE SURE YOUR NEXT OF KIN/EXECUTOR ARE AWARE OF YOUR PLANS
INFORMATION REQUIRED BY REGISTRAR OF VITAL STATISTICS

PROVINCE OF ALBERTA

PLEASE PRINT CLEARLY

NAME: _____
(Surname) (All given names in full)

ADDRESS: _____
(Complete Street Address: If rural, give legal land location)

SEX: _____ OCCUPATION: _____
(If retired, prior occupation) (Position)

IF FEMALE - MAIDEN NAME: _____ BIRTH DATE: _____
(D / M / Y)

BIRTH PLACE: _____
(City / Town) (Province / Country)

MARITAL STATUS: Single Married/Common Law Widowed Divorced

If you are married OR have been married, give full name of your spouse: _____

YOUR FATHER'S NAME: _____
(Surname) (Given names in full)

YOUR FATHER'S BIRTH PLACE: _____
(City / Town) (Province / Country)

YOUR MOTHER'S NAME: _____
(Maiden Surname) (Given names in full)

YOUR MOTHER'S BIRTH PLACE: _____
(City / Town) (Province / Country)

INITIAL CONTACT, NEXT OF KIN OR EXECUTOR: (Name, Relationship, Address, Phone Number)

1. _____

2. _____

3. _____

PRIVACY STATEMENT: This information is solely for the funeral provider and the Registrar of Vital Statistics, Province of Alberta.

SIGNATURE

DATE

PLEASE BE SURE YOUR NEXT OF KIN/EXECUTOR ARE AWARE OF YOUR PLANS