

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

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T6E 5R5  
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Generations Funeral Services & Crematorium 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
ALBERTA HEALTH CARE NUMBER	ALBERTA DRIVERS NUMBER
SOCIAL INSURANCE NUMBER	AGE
DATE OF BIRTH (day, month, year)	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 (department store, bank, home etc)	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	EMAIL