



## Pre-Planning Form

(905) 937-4444

**Please fill out the information below.**

### Your Information

Your first name: \_\_\_\_\_

Your middle name: \_\_\_\_\_

Your last name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

### Who is this plan for?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Myself</b>            | <input type="checkbox"/> <b>My Relative</b> | <input type="checkbox"/> <b>My Friend</b> |
| <input type="checkbox"/> <b>My Parent</b>         | <input type="checkbox"/> <b>My Child</b>    | <input type="checkbox"/> <b>My Client</b> |
| <input type="checkbox"/> <b>My Spouse/Partner</b> | <input type="checkbox"/> <b>My Sibling</b>  | <input type="checkbox"/> <b>Other</b>     |

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Gender:

☐

**Male**

☐

**Female**

☐

**Other:** \_\_\_\_\_

## **Biographical Information**

Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

## **Family Information**

☐

**Married**

☐

**Widowed**

☐

**Single**

Spouse's/Partner's Name: \_\_\_\_\_

Spouse's/Partner's Maiden Name: \_\_\_\_\_

Spouse/Partner's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's City of Residence: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's City of Residence: \_\_\_\_\_

Disposition Preference:

☐

Cremation

☐

Cremation & Burial

☐

Burial

☐

Unsure

Have cemetery arrangements been made?

☐

Yes

☐

No

☐

Not yet

Siblings - Living:

Siblings - Deceased:

Children - Living:

Children - Deceased:

Grandchildren - Living:

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Grandchildren - Deceased:

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Great-Grandchildren - Living

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Great-Grandchildren - Deceased

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**Education & Work**

Highest Level of Education: \_\_\_\_\_

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Years at Company: \_\_\_\_\_

## Military Information

Branch of Service:

☐

**Royal  
Canadian Navy**

☐

**Canadian  
Army**

☐

**Royal  
Canadian  
Air Force**

☐

**Coastal  
Guard**

☐

**Reserves**

Serial Number: \_\_\_\_\_

Date Enlisted: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Discharge on File at: \_\_\_\_\_

Copy of Discharge Papers:

☐

**Yes**

☐

**No**

**I prefer my funeral ceremony to be:**

☐

**Public**

☐

**Private**

**Visitation Options**

☐

**Visitation at  
Funeral Home**

☐

**Visitation at  
Custom Location**

☐

**I do not wish to  
have visitation  
hours**

**Funeral Ceremony Options**

☐

**Funeral Ceremony  
at Funeral Home**

☐

**Funeral Ceremony  
at Custom Location**

☐

**I do not wish to  
have a funeral  
ceremony**

**Reception Options**

☐

**Reception  
at Funeral Home**

☐

**Reception  
at Custom Location**

☐

**I do not wish to  
have a reception**

**Would you prefer burial, cremation or entombment?**

☐

**Cremation**

☐

**Burial**

☐

**Entombment**

**Final Disposition**

☐

**Ground  
Interment (Burial)**

☐

**Columbarium  
(For Cremation Urns)**

☐

**Mausoleum Entombment  
(Above Ground Burial)**

☐

**Cremated Body  
Returned to Family**

**Would you like to include a graveside/committal ceremony?**

☐

**Yes**

☐

**No**

**Religious Denomination:** \_\_\_\_\_

**Place of Worship:** \_\_\_\_\_

**I have made a Last Will & Testament:**

☐

**Yes**

☐

**No**

**Casketbearers:**

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**Memorials & Charities to be in my death notices e.g. newspaper, funeral home website:**

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**Ceremony Requests**

Please list any musical selections you would like to include in your ceremonies. This may include live musicians:

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Please list any poems, religious texts, or readings you would like to be read at your ceremony:

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Please list any interests or hobbies you would like to be displayed in your visitation and/or ceremony:

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Please list any special themes you would like to include in your ceremony such as favourite sports teams, hobbies, or anything that is reflective of what you enjoy:

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Please list any specific foods or beverages you would like made available to your family and guests at your visitation and/or ceremony:

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