

## *Funeral Planner*

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Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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### *Desired Services:*

- Traditional funeral (coffin exhibition at the funeral home and funerals in the church)*
  - Funeral ceremony at the funeral home with the presence of the coffin*
  - Funeral ceremony at the funeral home with the presence of the ashes*
  - Funerals in the church with the ashes*
  - Fraternal meeting at the funeral home*
  - Meeting directly at the cemetery*
  - Delivery of ashes to the family*
  - Other:* \_\_\_\_\_
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### *Ceremony Details:*

- Religious Officiant*
  - Secular Celebrant*
  - Texts/Respects*
  - Music/Chants/Choir:* \_\_\_\_\_
  - Other:* \_\_\_\_\_
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### *Souvenir Products & Personalized Products:*

- Souvenir bookmarks*
- Enlarged photos*
- Photo montage (PowerPoint, diorama)*
- Souvenir book (custom registry)*
- Thank you cards*

- Lanterns*
- Cremation jewelry*
- Dove*
- Urn*
- Reliquary*
- Other:* \_\_\_\_\_

*Procession & Vehicles:*

- Hearse*
- Limousine (6 people)*
- Vehicle for the ashes*
- Vehicle for the family (3 people)*
- Urn carrier*
- Other:* \_\_\_\_\_

*Ashes Disposition & Interment:*

- Interment at the cemetery*  
*Name of cemetery, lot number:* \_\_\_\_\_
- Columbarium*  
*Name of cemetery, identification number:* \_\_\_\_\_
- Sending abroad*
- Dispersion of the ashes*
- Delivery of the ashes to the family*
- Other:* \_\_\_\_\_

*Reception Room:*

- Buffet (caterer)*
- Light meal*
- Cocktail*
- Other:* \_\_\_\_\_

*Your Personal Information:*

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

*Place of Birth:* \_\_\_\_\_

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

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

*Social Insurance Number:* \_\_\_\_\_

*Health Insurance Number:* \_\_\_\_\_

*Marital Status:*       *Single*                       *Married*                       *Common Law Partner*  
                                  *Separated*                       *Divorced*                       *Widowed*

*Date of the union (if applicable):* \_\_\_\_\_

*Place of the union (if applicable):* \_\_\_\_\_

*Partner's Information:*

*Full Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_                      *Email:* \_\_\_\_\_

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

*Place of Birth:* \_\_\_\_\_

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

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

*Social Insurance Number:* \_\_\_\_\_

*Health Insurance Number:* \_\_\_\_\_

*Testamentary Executor (if different than the partner):*

Full Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

*Other demands/documents to be included:*

- ✓ *Photo*
- ✓ *List of names of individuals left in mourning*

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