

CREMATION ALTERNATIVES

Simple. Dignified. Affordable.

A division of McKay Memorials Inc.

Information Form

Person for whom arrangements are for:

Legal Name: _____

Maiden Name: _____

Address: _____ City: _____

Postal Code: _____ Phone # _____ SIN: _____

Date of Birth: (M/D/Yr) _____ Place of Birth: _____

Marital Status: _____ Marriage Date: _____ CPP (Y/N) _____ OAS (Y/N) _____

Father's First and Last Name

Father's Place of Birth

Mother's First and Maiden Name

Mother's Place of Birth

Type of work done most of working career (Business/Industry)

Spousal Information:

Legal Name: _____

Maiden Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____ SIN: _____

Date of Birth: (M/D/Yr) _____ Place of Birth: _____

Receiving CPP: _____ OAS: _____ Other Benefits: _____

Executor/Next of Kin: _____ Relationship: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____ Is there a Will (Y/N): _____

Additional Information:

Please provide any additional information. (For example: is there a cemetery plot? Are you planning a Memorial Service?)

How did you hear about Cremation Alternatives? _____

Cremation Alternatives will complete Canada Pension Death Benefit and Survivors Pension application Forms.

We will provide you with Death Certificates and guide you on estate care issues.

We also offer guidance on many other items such as obituaries, memorials, celebration, memorial stationery, etc.

Please complete this Information Form and return it to Cremation Alternatives for our records

Proudly serving Ontario

1-833-738-6777 Office. 519-772-1236 Fax.

Email: info@cremationalalternatives.com Website: www.cremationalalternatives.com