

Personal Information Form

Honouring lives, Comforting loss

| My full name (include all middle names) | | | |
|---|---------------------------------------|----------------|--|
| | | | |
| Address | Apartment # | City | |
| Province | Postal Code | Telephone | |
| Citizenship | Date of Birth | | |
| Social Insurance Number | Occupation (for most of working life) | | |
| Employer name | | Telephone | |
| Marital status Name of | Spouse (including maiden name, | if applicable) | |
| Name of Father | | Birthplace | |
| Name of Mother (including maiden name) | | Birthplace | |
| My Religious Affiliation | Place of Worship | | |
| Address | | Telephone | |
| Names of children | | | |
| Name | | Telephone | |
| Name | | Telephone | |
| | | | |
| Name | | Telephone | |



I am a member of the following fraternities, service groups, social clubs and trade unions

| Friends to notify | | |
|-------------------|-----------|--|
| 2 | | |
| Name | Telephone | |

II. Information Needed to Settle the Estate

| Location of will | | Last updated |
|---------------------------|------------------------|------------------|
| Estate Trustee | | |
| Address | | Telephone |
| Lawyer's Name | | |
| Address | | Telephone |
| Name of Bank | | |
| Address | | Telephone |
| Chequing account number | Savings account number | |
| Other account numbers | | |
| Safety deposit box number | Location of box | Location of keys |
| Address | | Telephone |



| Life Insurance company | Telephone |
|-----------------------------------|-----------|
| Policy number | |
| Car Insurance company | Telephone |
| Policy number | |
| Home Insurance company | Telephone |
| Policy number | |
| Other Insurance company | Telephone |
| Policy number | |
| Other securities | |
| Company | |
| Representative | Telephone |
| III. Location of Key Documents | |
| Certificates/deeds | |
| Important documents and valuables | |
| | |

| Birth certificate | Children's birth certificates |
|--------------------|-------------------------------|
| Real estate deeds | Mortgages |
| Income tax records | Marriage certificate |
| Power of Attorney | |
| | |



Telephone

Telephone

Lot

IV. Pensions

Name of organization paying a pension

Pension plan member identification number

V. Valuables

Attach list of valuables, such as jewelry, antiques, family heirlooms, and their locations 🛛 List attached

VI. Funeral Arrangements

Prearrangment contract is with Cardinal Funeral Homes Annette Chapel (416) 762-8141 Bathurst Chapel Tel (416) 603-1444

Location of my pre-arrangement contract

Preferred place for service

Type of Visitation

Preferred Clergy

Pallbearers

Desired music at the funeral service

Charitable donations to

Flowers appreciated

Cemetery/mausoleum/crematorium

Address

Section

Location of deed

Owner