



This form is kept on file with the Memorial Society. It helps your family know your wishes. Please complete both sides and mail to:  
Memorial Society of British Columbia  
205 - 640 West Broadway  
Vancouver, BC V5Z 1G4  
phone: 604-733-7705 or 1-888-816-5902 (toll free)  
fax: 604-733-7730 or 1-888-816-5903 (toll free)  
email: info@memsoc.org  
Copies of this form are available on our website at  
<http://www.memsoc.org>. Click on button "Docs" on the left.

## ARRANGEMENT FORM

(Please print clearly.)

Full legal name: \_\_\_\_\_  
*All given names* *Surname*

1. I request  CONVENTIONAL BURIAL  CREMATION  GREEN BURIAL
2. Type of funeral service (Please describe in #3 and #4 below):  
 FUNERAL SERVICE  MEMORIAL SERVICE  GRAVESIDE SERVICE  
 ALTERNATE SERVICE  NO SERVICE

3. I request that my funeral or memorial service be held in \_\_\_\_\_  
\_\_\_\_\_

4. ADDITIONAL INSTRUCTIONS (e.g., clergy, music, flowers, charitable donations, memorialization, obituary, reception)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If burial, name of cemetery: \_\_\_\_\_  
City or place of cemetery: \_\_\_\_\_

6. If cremation, I wish my cremated remains to be:  
 RETURNED TO MY FAMILY OR EXECUTOR  
 SCATTERED IN \_\_\_\_\_  
 BURIED IN \_\_\_\_\_

7. I have pre-paid arrangements with:  
Funeral Home: \_\_\_\_\_ Doc.Nº. \_\_\_\_\_  
Cemetery: \_\_\_\_\_ Doc.Nº. \_\_\_\_\_  
I have an insurance policy with: \_\_\_\_\_ Doc.Nº. \_\_\_\_\_

8. I have arranged donation of:  organ(s)  body

This arrangement form replaces, cancels, extinguishes any prior arrangement form that I have executed at any previous time.  
I entrust this information only to the Memorial Society of British Columbia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_



VITAL STATISTICS are used to register your death. The information you provide makes it easier for your family to have all the information on hand. AT TIME OF DEATH, call the Society. The Society will send this form to the contracted funeral provider in your area. This makes information immediately available to your family and funeral provider.

For privacy protection, please mail this form to the Society, not to the Funeral Provider.

**VITAL STATISTICS**  
(Please print clearly.)

FULL LEGAL NAME	SURNAME	ALL GIVEN NAMES	SEX M <input type="checkbox"/> F <input type="checkbox"/>
USUAL RESIDENCE	COMPLETE STREET ADDRESS <i>If rural give exact location (Not Post Office or Rural Route address)</i>		
	CITY, TOWN OR OTHER PLACE <i>(by name)</i>	PROVINCE <i>(or country)</i>	POSTAL CODE
SECOND ADDRESS:		ABORIGINAL STATUS YES <input type="checkbox"/> NO <input type="checkbox"/>	
		REGISTRATION NO. _____	
MARITAL STATUS	NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	IF MARRIED, WIDOWED, SEPARATED, DIVORCED or COMMON LAW, GIVE FULL NAME OF SPOUSE. INCLUDE MAIDEN NAME IF APPLICABLE	
OCCUPATION	KIND OF WORK DONE DURING MOST OF WORKING LIFE	KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED	
BIRTHDATE	MONTH (by name) , DAY, YEAR OF BIRTH		
BIRTHPLACE	CITY, TOWN OR OTHER PLACE	PROVINCE (or country) OF BIRTH	
BIRTH NAME (IF DIFFERENT)	SURNAME	ALL GIVEN NAMES	
FATHER	SURNAME AND GIVEN NAMES OF FATHER	BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY	
MOTHER	MAIDEN SURNAME AND GIVEN NAMES OF MOTHER	BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY	
FAMILY PHYSICIAN	NAME		TELEPHONE No.
	ADDRESS		POSTAL CODE
NEXT-OF-KIN OR EXECUTOR	NAME		TELEPHONE No.
	ADDRESS		RELATIONSHIP TO DECEASED
OR			
OTHER CONTACT	NAME		TELEPHONE No.
	ADDRESS		RELATIONSHIP TO DECEASED
			POSTAL CODE