



Box 81 (139 3rd Street)
Dalmeny, SK S0K 1E0
306-254-2022
dalmenyfh@sasktel.net

Information about person completing the form

I am planning for (circle one): Myself, Spouse, Life Partner, Mother, Father, Child, Friend, Other Relative
Last Name:
First Name:
Middle Name:
Email:
Phone Number:
Street Address:
City:
Province:
Postal Code:

Vital Information about the person you are planning for

Last Name:
First Name:
Middle Name:
Gender (circle one): Male or Female
Marital Status (circle one): Never Married, Married, Divorced, Widow, Widower
Social Insurance Number:
Health Card Number:
Date of Birth (MM/DD/YYYY):



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Place of Birth:
Spouse's Full Name:
Spouse's Maiden Name:
Father's Full Name:
Father's Place of Birth:
Mother's Full Name:
Mother's Maiden Name:
Mother's Place of Birth:

Work History

Usual Occupation (most of life):
Kind of Business:
Company (optional):

Funeral Service Information

Place of Service:
Address:
Phone Number:
Place of viewing or prayers:
I prefer the Funeral Service to be (circle one): Public, Private, Family Only
Viewing for Family (circle one): Yes, No



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Viewing for Friends (circle one): Yes, No

Person(s) To Finalize Arrangements At Time Of Death

Full Name:
Email:
Phone Number:
Street Address:
City:
Province:
Postal Code:

Special Instruction

Flower Preference:
Music:
Pallbearer 1:
Pallbearer 2:
Pallbearer 3:
Pallbearer 4:
Pallbearer 5:
Pallbearer 6:
Clothing:



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Memorials & Charities

Please list any Memorials or Donations to Charity that you would like

Options

Please circle one of the options below

- Contact me to set an appointment
- Contact me to set up appointment to pre-pay
- Please keep my information on file

Once you have completed this form submit it to Dalmeny Funeral or give us a call with any questions that you have.