

FUNERAL

# Planning Guide



BURIAL HELP

[BurialHelp.ca](http://BurialHelp.ca)

**BAO** | BEREAVEMENT  
AUTHORITY OF  
ONTARIO  
L'AUTORITÉ DES SERVICES FUNÉRAIRES ET CIMETIÈRES DE L'ONTARIO

# *My Information*



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**Full Name:**

**Address:**

**Social Insurance Number:**

**Date of Birth:**

**Birth Place:**

**Occupation:**

**Citizenship:**

**Marital Status:**

**Name of Spouse:**

**Maiden Name:**

**Date of Marriage:**

**Father's Full Name:**

**Father's Birth Place:**

**Mother's Maiden Name:**

**Mother's Birth Place:**

**Will:**    Yes        No

**Location of the Will:**

**Lawyer Name:**

**Phone #:**

## *My Executor(s)*

**Name:**

**Phone #:**

**Name:**

**Phone #:**

**Name:**

**Phone #:**

# My Choices



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Funeral Prearranged: Yes No

Funeral Prepaid: Yes No

Place of Service: Funeral Home Other

Officiant:

Preferred Music:

Person(s) to do my Eulogy: Persons to be Pallbearers:

Burial:

If yes, do you have cemetery property? Yes No

Name of Cemetery: Yes No

Cemetery Section: Lot#

Cremation: Yes No

If yes, where do you wish the ashes to be placed? Family Plot Niche Other

Name of Crematorium:

Entombment: Yes No

If yes, do you have a mausoleum crypt?

Name of mausoleum and related information:

Other Choices:

# *My Information For Notice/Obituary*



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**For Newspaper:**

**Social Networking Website:**

**I Would Like My Name to be Printed This Way:**

**My Spouse:**

**Children and Their Spouses:**

**Grandchildren and Their Spouses:**

**Great Grandchildren:**

**Siblings and Their Spouses:**

**Parents:**

**My Education:**

**Professional Designations:**

**Religious Affiliation:**

**Clubs/Associations I Belong To:**

**Charitable Donations To:**

**Achievements:**

**Additional Information:**



# BURIAL HELP

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