



**EVERDEN RUST
FUNERAL SERVICES
AND CREMATORIUM**

Kelowna Office

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Penticton Office

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Funeral Information / Planning Form <i>* denotes necessary information</i>			
Final Arrangements for (enter name)*:			
Sex*:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Complete residence street address*: <i>if rural, please give exact location, not Post Office or Rural Route Address</i>			
City, town or other place (by name)*:			
Province / State*:			
Country*:			
Postal Code*:			
Personal Health Number*:			
Social Insurance Number*:			
Marital Status:	<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Common-law
If Married, Widowed or Divorced provide full name of husband or full maiden name of wife:			
Kind of work done during most of working life:			
Kind of business or industry in which worked:			
Birthdate (m/d/y)*:			
Birthplace (city, town or other place)*:			
Province / State (or country) of birth*:			
Birthname if different (surname):			

All given names:			
Father's surname and given names:			
Father's birthplace:			
Mother's maiden name and given names:			
Mother's birthplace:			
Family physician's name:			
Address:			
Name of next-of-kin or executor (surname and given names):			
Address:			
Postal code:			
Telephone:			
E-mail Address:			
Additional information:			
Type of Funeral Arrangement*: (check appropriate box)	<input type="checkbox"/> Funeral Service	<input type="checkbox"/> Open Casket	<input type="checkbox"/> Closed Casket
	<input type="checkbox"/> Memorial Service	<input type="checkbox"/> Graveside Service	<input type="checkbox"/> No Service

I request that the Funeral / Memorial service be held in:	
Name of Church OR Assembly Facility:	
Address:	
Clergy:	
Music selections:	
I request my body be*:	<input type="checkbox"/> Cremated <input type="checkbox"/> Buried
If Burial , please specify name of cemetery:	
I already own burial property at the above cemetery:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Cremation , I wish that my cremated remains be:	<input type="checkbox"/> Buried and memorialized in family plot or cremation plot.
Please specify name and place of cemetery:	
Permanently scattered:	<input type="checkbox"/> On land <input type="checkbox"/> At sea
	<input type="checkbox"/> Other, please specify:
	<input type="checkbox"/> Cremated remains to be returned to my family or executor
I have pre-paid my final arrangements*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the person making pre-arrangements:	
Phone number of the person making pre-arrangements:	
E-mail address of the person making pre-arrangements:	
<input type="checkbox"/> I do not have pre-arrangements but wish to receive information Phone number: _____	
<input type="checkbox"/> I have pre-arrangements for: <input type="checkbox"/> funeral <input type="checkbox"/> cemetery but wish to <input type="checkbox"/> receive updated information or <input type="checkbox"/> need to update changes to my personal information	