Submit Clear

Raincoast Funeral and Cremation Services Ltd.
116-618 East Kent Avenue South, Vancouver, BC, V5X 0B1

Personal Information

Name: Last:_____ First:_____ Middle:_____

Name at Birth (if different):_____ Height:_____ Weight:_____

Address: _____ Postal Code: _____

Birthplace: _____ Date of Birth: _____

Place/Facility of Death : _____ Date of Death: _____

Occupation: _____ Industry:_____ Years:_____

(If retired, state last occupation and total years so engaged)

Marital Status: _____ SIN:_____ Health Card #:_____

Name of Husband or Wife (incl. Maiden name): _____

Full Name of Father: Last: _____ First:_____ Middle:_____

Father's Place of Birth: _____

Full Name of Mother: Maiden:_____ First:_____ Middle:_____

Mother's Place of Birth: _____

Physician's Name: _____

Pacemaker or Other Radioactive Device? Yes or no:_____ Communicable Disease? Yes or no: _____

How many Death Certificates will you require? _____

Radiation/Chemo Therapy last 2 years? Where/What/When? _____

Are there any belongings that need to be returned to family? _____

Executor/Next-of-Kin Information

Name: Last:_____ First:_____ Middle:_____

Relationship: _____ Phone: _____

Address: _____ Postal Code: _____

Email (if desired)*: _____

Additional Information:_____

_____

Please click submit to send back the completed form to info@raincoastfs.com or by fax to 604-324-1936

**We will not use your email address for any purpose other than correspondence regarding these arrangements.*

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Document Checklist:

- ☐ Will (we will photocopy the page showing executorship and last page showing witness signatures)
- ☐ 2 pieces of Identification (Birth certificate, Passport, Driver's Licence, BC ID)
- ☐ SIN (Social Insurance Number)
- ☐ Care Card (sometimes listed on back of BC ID card)
- ☐ Recent photo (to help us identify and/or prepare for viewing)
- ☐ Clothing – if needed (including undergarments, socks, shoes, etc.)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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