

British Columbia

Registration of Death Requirements

(This information is required for a permanent legal record, please type or print clearly.)

Springfield Funeral Home Ltd., 2020 Springfield Road, Kelowna, B.C. V1Y 5V8
Telephone #250-860-7077 Email: contact@springfieldfuneralhome.com

Estate Planning Vital Statistic Record for:

Complete Legal Name AS PER Birth Certificate	Surname: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	All given names: _____		
Residential Address	Street: _____		
	City & Province: _____	Postal Code: _____	
Telephone # _____		Email: _____	
Birthname if Different	Surname: _____	All Given Names _____	
Birthdate	Month (by name) _____	Day _____	Year _____
Birth Place	City, Town, Village, etc. _____	Province / Country _____	
Social Insurance # _____		B.C. Care Card # _____	
Aboriginal Status: YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes, registration #): _____			
Marital Status	Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>	If married, widowed, separated or divorced give FULL name of spouse: include MAIDEN NAME if applicable	
Occupation	Kind of Work _____	Kind of business or industry in which you worked: _____	
Father	Surname and all given names of Father: _____	Birthplace of Father, City/Province/Country: _____	
Mother	MAIDEN SURNAME of Mother & all given names: _____	Birthplace of Mother; City/Province/Country: _____	
Disposition	Type of Disposition: Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____		
Cemetery	Name: _____		
	Section# _____	Row# _____	Lot# _____
Crematorium	_____		
Family Doctor's Name	_____		

*Required at the time of need: ***Birth Certificate**, ***Social Insurance Card**, ***Marriage Certificate**

Date Completed: _____ Consultant: _____

EXECUTOR(S) / EXECUTRIX OF ESTATE

Executor _____ Phone _____

Address _____ Relationship _____

Email Address: _____

Co-executor _____ Phone _____

Address _____ Relationship _____

Email Address: _____

FUNERAL SERVICE INSTRUCTIONS

I.D. Cards: Given Yes No

Service Type: _____ Prepaid Funeral Contract #'s: _____

Service Location:

Funeral Home Church Gravesite Other _____

Viewing Preferences _____

Prayers: _____

Reception Location: _____

Casket Preference: _____

Urn Preference: _____

Minister / Priest / Chaplain: _____

Obituary in Newspaper(s): _____

Flowers Note: _____

Donations: _____

Music Selections: 1) _____

2) _____

3) _____

Other instructions: _____

Date Completed: _____ Consultant: _____