



REYNARS FUNERAL HOME AND CREMATORIUM

E-Mail: wecare@reynars.com
Fax: 250-782-9666

1300 102 Ave Dawson Creek, B.C. V1G 2C6
Telephone: 250-782-2424

Full Legal Name of Deceased: _____

Maiden Name if Applicable: _____

Birth Date: _____ Birthplace: _____

Place of Death: _____

Date of Death: _____

Social Insurance Number: _____

Personal Health Number: _____

Aboriginal Status? Yes Or No Registration # _____

Usual Residence: _____
(Actual address NOT mailing address, house number, road number or legal land description with postal code)

Years In Community: _____

Occupation (Before Retirement): _____ Kind of Business: _____

Marital Status (check one): Married Widowed Separated Divorced Common-Law Never Married

Full Legal Name of Husband/Wife MaidenName: _____

Full Legal Name of Father: _____

Birthplace: _____

Full Legal Name of Mother Maiden Name: _____

Birthplace: _____

Spouse's Information for Canada Pension Survivor's Pension Forms

Spouse's.....

Social Insurance Number: _____ Birthplace: _____
(City) (Province/Country)

Mailing Address: _____

Is there a will? Name and Address of Executor (or if no will, Informant): _____

