



BUDDHIST FUNERAL PLANNING

| | | | | | |
|--------------------------------------|---|----------------|---|------------------|--|
| LEGAL NAME OF DECEASED | LAST NAME | | DATE OF DEATH Month/Day/Year | | |
| | FIRST & MIDDLE NAME(S) | | Japanese Characters: Optional | | |
| | PREFERRED NAME/PRONUNCIATION | | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U/K <input type="checkbox"/> X | | |
| PLACE OF DEATH | UNIT# | STREET ADDRESS | | | |
| | CITY | PROVINCE | POSTAL CODE | | |
| | BC CARE CARD # | | S.I.N. # | | |
| CARD NUMBERS | UNIT# | STREET ADDRESS | | | |
| | CITY | PROVINCE | POSTAL CODE | | |
| | BC CARE CARD # | | S.I.N. # | | |
| RESIDENCY ADDRESS OF DECEASED | UNIT# | STREET ADDRESS | | | |
| | CITY | PROVINCE | POSTAL CODE | | |
| | BC CARE CARD # | | S.I.N. # | | |
| MARITAL STATUS | <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED | | <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | |
| | <input type="checkbox"/> SEPARATED <input type="checkbox"/> COMMON-LAW | | IF MARRIED, SEPARATED OR WIDOWED, FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE | | |
| | | | Date of Marriage | | |
| OCCUPATION | PRIOR TO RETIREMENT | | INDUSTRY | | |
| | | | | | |
| BIRTHDATE/ BIRTHPLACE | BIRTHDATE - MONTH/DAY/YEAR | AGE | BORN: CITY/TOWN | PROVINCE/COUNTRY | |
| | | | | | |
| BIRTHNAME IF DIFFERENT | BIRTH LAST NAME | | FIRST & MIDDLE NAME(S) | | |
| | | | | | |
| PARENTS: FATHER | FATHER'S LAST NAME, FIRST & MIDDLE NAME(S) | | BIRTHPLACE: CITY, PROVINCE, COUNTRY | | |
| | | | | | |
| MOTHER | MOTHER'S MAIDEN NAME, FIRST & MIDDLE NAME(S) | | BIRTHPLACE: CITY, PROVINCE, COUNTRY | | |
| | | | | | |
| SURVIVING SPOUSE INFORMATION | FULL NAME | | HOME # | | |
| | | | CELL # | | |
| | UNIT # | STREET ADDRESS | | | |
| | CITY/PROVINCE | POSTAL CODE | EMAIL ADDRESS | | |
| RIGHT TO CONTROL | FULL NAME | | HOME # | | |
| | | | CELL # | | |
| | UNIT # | STREET ADDRESS | | | |
| | CITY/PROVINCE | POSTAL CODE | EMAIL ADDRESS | | |
| DOCTOR/CORONER | NAME & PHONE # | | PHONE # | | |
| | | | | | |

FUNERAL SERVICES

FUNERAL DATE REQUEST

PLACE OF FUNERAL

FUNERAL TIME REQUEST

BUDDHIST LOCAL
REPRESENTATIVE NAME
ARRANGED BY FAMILY

PHONE #:

DISPOSITION

BURIAL

CREMATION

CASKET OPEN DURING SERVICE?

YES

NO

CEMETERY:

LIVESTREAM REQUESTED?

YES

NO

COMMENTS

NAME OF FUNERAL HOME

SPRINGFIELD FUNERAL HOME

NAME OF DIRECTOR

PHONE

NOTES

CHAIRPERSON:

ORGANIST

HOMYO:
(BUDDHIST NAME)

NAMES OF PALL
BEARERS:

HONORARY PALL
BEARERS:

ADDITIONAL SERVICE INFORMATION

CHILDREN 1 2

3 4

GRANDCHILDREN 1 2

3 4

SIBLINGS

EULOGY

**OTHER
TRIBUTES/VIDEO**

RECEIVER OF CARDS

USHERS X 4 1 2

3 4

**MESSAGE OF
CONDOLENCES**

**WORDS OF
APPRECIATION**

GATHA 1 2

**FAMILY, RELATIVES
& FRIENDS INCENSE
OFFERING (OSHOKO)**

