

SIKH FUNERAL PLANNING GUIDE

NAME OF DECEASED	LAST NAME				DATE OF DEATH Month/Day/Year		
	FIRST & MIDDLE NAME(S)						
	PREFERRED NAME/PRONUNCIATION				GENDER: MALE FEMALE		
PLACE OF DEATH	UNIT# STREET ADDRESS						
	СІТУ		PROVINCE		POSTAL CODE		
CARD NUMBERS	BC CARE CARD #			S.I.N. #			
RESIDENCY	UNIT# STREET ADDRESS						
ADDRESS OF DECEASED	СІТУ		PROVINCE		POSTAL CODE		
MARITAL STATUS	MARRIED NEVER MARRIED	WIDOWED		SEPARATED COMMON-LAW			
	IF MARRIED, SEPARATED OR WIDOWED, FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE						
OCCUPATION	PRIOR TO RETIREMENT				INDUSTRY		
BIRTHDATE/ BIRTHPLACE	BIRTHDATE - MONTH/DAY/	AGE	BORN: CITY/1	TOWN PROVINCE/COUNTRY			
BIRTHNAME IF DIFFERENT	BIRTH LAST NAME FIRST &			FIRST & MIDE	DLE 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 #		
	UNIT #	RESS					
	CITY/PROVINCE		POSTAL CODE		EMAIL ADDRESS		
RIGHT TO CONTROL	FULL NAME				HOME #		
					CELL#		
	UNIT # STREET ADDRESS				January 1999		
	CITY/PROVINCE		POSTAL CODE		EMAIL ADDRESS		
DOCTOR/CORONER	NAME & PHONE #			PHONE #			

FUNERAL SERVICES

FUNERAL DATE REQUEST	
FUNERAL TIME REQUEST	
PRIESTS NAME ARRANGED BY FAMILY	
CASKET OPEN DURING SERVICE?	YES NO NO
CREMATION TO FOLLOW:	SPRINGFIELD FUNERAL HOME
LIVESTREAM REQUESTED?	YES NO NO
COMMENTS	
NAME OF FUNERAL HOME	SPRINGFIELD FUNERAL HOME
NAME OF DIRECTOR	PHONE
NOTES	