



UKRAINIAN ORTHODOX FUNERAL PLANNING

NAME OF DECEASED	LAST NAME		DATE OF DEATH Month/Day/Year	
	FIRST & MIDDLE NAME(S)			
	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	
CARD NUMBERS	BC CARE CARD #		S.I.N. #	
RESIDENCY ADDRESS OF DECEASED	UNIT#	STREET ADDRESS		
	CITY	PROVINCE	POSTAL CODE	
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 <u>MAIDEN NAME</u> OF WIFE	
OCCUPATION	PRIOR TO RETIREMENT		INDUSTRY	
BIRTHDATE/ BIRTHPLACE	BIRTHDATE - MONTH/DAY/YEAR	AGE	BORN: CITY/TOWN	PROVINCE/COUNTRY
	BIRTH LAST NAME		FIRST & MIDDLE NAME(S)	
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

FUNERAL TIME REQUEST

PARISH PRIEST

PHONE #:

FUNERAL LOCATION

CASKET OPEN DURING SERVICE?

YES

NO

CEMETERY:

LIVESTREAM REQUESTED?

YES

NO

COMMENTS

NAME OF FUNERAL HOME

SPRINGFIELD FUNERAL HOME

NAME OF DIRECTOR

PHONE

NOTES

NAMES OF PALL

BEARERS:
