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PERSONAL DATA SHEET

Full Name: _____

Birth Name: _____

Date of Birth: (Month/Day/Year) _____

Place of Birth: (City, Province/State, Country) _____

Residential Address: _____

Mailing Address (If Different) _____

Care Card Number: _____ Social Insurance Number: _____

Doctor's Name: _____ Phone Number: _____

Marital Status: Never Married Married Divorced Separated Widowed Common Law

Kind of Work Performed: _____ How Many Years: _____ Industry Worked In: _____

Name of Spouse (Including Maiden Name if Applicable): _____

Father's Full Name: _____

Father's Birth Place (City, Province/State, Country) : _____

Mother's Full (Including Maiden) Name: _____

Mother's Birth Place (City, Province/State, Country): _____

I Have a Will: Yes No Location of Will: _____

My Executor Is: _____ Executor's Phone Number: _____

Executor's Address: _____