

Qualicum Beach Memorial Services Ltd
P. O. Box 367, 118 Fern Road East
Qualicum Beach, BC V9K 1S7

T: 250-594-0305
F: 250-594-0306
info@qbmemorials.ca

Cremation
Burial
Celebration of Life

INFORMATION REQUIRED FOR REGISTRATION WITH VITAL STATISTICS

Full name: _____ **Phone Number:** _____

Address: _____

Social Insurance: _____ **BC Care Card Number:** _____

Date of Birth: _____ **Place of Birth:** _____

Occupation: (Before Retiring) _____

Industry Worked In: _____ **Years Worked:** _____

Marital Status (circle): Never Married Married Divorced Separated Widowed Common Law

Name of Spouse (including maiden name): _____

Spouse's SIN if married: _____ **Date of Birth:** _____ **Place of Birth:** _____

Name of Father: _____ **Father's Place of Birth:** _____

Name of Mother (maiden name): _____ **Mother's Place of Birth:** _____

Name of Next of Kin/Executor: _____ **Phone Number:** _____

Address of Next of Kin/Executor: _____

Optional Information

Circle Disposition Preference: Cremation Burial

Religion: _____ **Church:** _____

Clergy/Officiant: _____ **Cemetery:** _____

Newspaper: _____

Newspaper Notice/Special Wishes:

