Death Registration Information

Please fill in the following information as best you are able and return this document by email to us. This information is used for registering the death with the Province. These fields are all required. If you have any questions or concerns please do not hesitate to contact us at 705-842-2520 ( Thessalon ) or 705-356-7151 ( Blind River ). Once completed this form can be emailed to [bfh@beggsfh.com](mailto:bfh@beggsfh.com) or faxed to 705-842-1726 ( Beggs ) or 705-356-1919 ( Menard )

Individual’s Full Legal Name:

Social Insurance Number:

Date of Birth:

Place of Birth:

Current Address:

Occupation ( even if retired ):

Name of Spouse ( Maiden if applicable): Deceased: yes no ( please circle )

Father’s Name:

Father’s Birthplace

Mother’s Name ( maiden )

Mother’s Birthplace

Is There a Will? Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

If yes, please note that this is the individual who must make the funeral arrangements

If yes, please provide Executor’s name, address, phone number and email:

If No, please provide name, address and phone number and email for next of kin:

Service Information:

The following information will be used to help us determine packages and prices to provide the type of services you are requesting or provide a quotation

Is this to be direct cremation \_\_\_\_\_\_\_\_

If yes is there to be a visitation or memorial service following: yes\_\_\_\_\_ no \_\_\_\_\_( please check )

Will there be visitation yes/no \_\_\_\_\_\_\_\_\_\_\_\_\_ if yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will there be a service Yes/no \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a minister/priest or church to be contacted?

Is there cemetery property? Yes no ( please circle one )

If yes, please provide cemetery name and any other info that will help us identify the plot:

Do you wish for a lunch to be arranged following the service? Yes No ( please circle )

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For roughly how many people? \_\_\_\_\_\_\_\_

Please provide any other information that may be helpful in meeting the needs of your family at this time:

One you have completed this information please forward it to the funeral home. If this is for at need arrangements or prearrangement we will need to arrange to meet with you or obtain signatures by email of fax. You will be contacted shortly to make those arrangements. Copies of marriage certificates, will if applicable, clothing and a photo will be items that we may be requesting depending on the arrangements being made. Please do not hesitate to contact us if you have any further questions or concerns. Thank you for the trust you have placed in us. A member of our staff will be in contact with you shortly.