



Royal Canadian Mounted Police Veterans Association/
Association des vétérans de la Gendarmerie royale du Canada

RETIRED/SERVING RCMP MEMBER SURVIVOR & EXECUTOR INFORMATION PACKAGE

(Revised April 2024)

Name:

Table of Contents

| | |
|--------------------------------------|--|
| | Introduction – Survivor & Executor Information Package |
| | Instructions to Assist in the Completion of the Form |
| Part 1 – Personal Information | |
| | Section 1 – Date Form Updated |
| | Section 2 – Personal Information |
| | Section 3 – Passwords, Personal Identification Numbers & Combinations – Appendix “A” |
| | Section 4 – Will |
| | Section 5 – Executor(s) (Personal Representative) |
| | Section 6 – Personal Directive (Advanced Health Care Directive / Living Will) |
| | Section 7 – Enduring Power of Attorney |
| | Section 8 – Safe Deposit Box/Other Secure Container |
| | Section 9 – Location of Legal/Important Documents |
| Part 2 – Insurance | |
| | Section 10 – Insurance – Life |
| | Section 11 – Insurance – Property |
| | Section 12 – Insurance – Vehicle |
| | Section 13 – Insurance – Other |
| Part 3 – Property | |
| | Section 14 – Residence & Other Properties |
| | Section 15 – Motor & Other Vehicles |
| Part 4 – Financial | |
| | Section 16 – Client/Debit Card for Financial Institution |
| | Section 17 – Accounts – Financial Institutions |
| | Section 18 – Investment Accounts |
| | Section 19 – Pension |
| | Section 20 – Income Assessment Form – Appendix “B” |
| | Section 21 – Mortgage, Loan & Credit Line |
| | Section 22 – Credit Cards |
| | Section 23 – Bills & Payments |
| | Section 24 – Assets – Other Expenses – Business Interests – Appendix “C” |
| | Section 25 – Loyalty Program |
| Part 5 – Contacts | |
| | Section 26 – Churches, Clubs & Other Organizations |
| | Section 27 – Doctor, Dentist & Other Health Professional |
| | Section 28 – Prescriptions & Other Medical Needs |
| Part 6 – Digital | |
| | Section 29 – Computer/Mobile Device/Tablet |
| | Section 30 – Email |
| | Section 31 – Media Subscriptions |
| | Section 32 – Social Media |
| Part 7 – Pets | |
| | Section 33 – Pets & Other Animals |
| Part 8 – Professionals | |
| | Section 34 – Estate Planning Lawyer or Other Professional |
| | Section 35 – Real Estate Lawyer |
| | Section 36 – Accountant |
| | Section 37 – Realtor |
| | Section 38 – Additional Information – Appendix “D” |
| Part 9 – Pre & Post-Death | |
| | Section 39 – Organ Donation |
| | Section 40 – Funeral & Burial/Interment |
| | Section 41 – Funeral Home & Obituary Information – Appendix “E” |
| Part 10 – Estate Duties | |
| | Appendix “A” – Passwords, PINs & Combinations |
| | Appendix “B” – Income Assessment Form |
| | Appendix “C” – Assets, Other Expenses, Business Interests |
| | Appendix “D” – Additional Information |
| | Appendix “E” – Funeral Home & Obituary Information |

RETIRED/SERVING RCMP MEMBER SURVIVOR & EXECUTOR INFORMATION PACKAGE

This information is provided to assist you in completing the Retired/Serving RCMP Member Survivor & Executor Information Package. During our careers we spent a good portion of our time planning for the worst and hoping for the best. Building on that plan and completing the information in this document will help those dealing with the final outcome we all succumb to. The death of an individual on its own is a trying and difficult time for those who remain. Compiling personal information in advance allows for your survivors and executor(s) to locate and deal with your matters in an efficient manner. No one should be under the illusion this document will be completed in a few hours, it will take hours over a number of days but at the same time it creates an opportunity to organize your affairs. For those who do not have a system in place it allows you to gather and then organize your information. The Contact Information document is a useful tool providing phone numbers and website addresses to obtain valuable information to assist you in this task.

This is **not a legal document**; it has been completed as a service and its use is on your own fruition. It is not possible to cover every scenario for every person at the time of a person's death. Exigent circumstances should be detailed in whatever manner you want and included with this completed document. When in doubt, the guidance of a competent professional should be sought in preparation for your passing. **Terminology** contained within this paper may not be exact for your Province or Territory of residence, some examples of search parameters (using a search engine like Google) are provided in this document and should be checked for the wording in your locale. You are encouraged to **research** items yourself or seek assistance from others to help search for any topic you are not certain about. For these situations, government or reliable sites should be referenced and be aware/cautious if you go to a site listed as a **Sponsor** as services are often attempted to be sold to the viewer. Individuals are cautioned when accepting the explanation of another person without first confirming all the facts.

For the purposes of this document, the terminology Executor is also meant to represent Executrix.

Every person needs to have an up to date Will, Personal Directive and an Enduring Power of Attorney. Updates should be completed as family or personal dynamics change. There are various types of Wills (lawyer, on-line, kits or holograph) and you are encouraged to complete research to determine what is best in your situation. A Will completed by a lawyer in the province or territory in which you reside should allow for the smooth processing of your estate; however, other situations may meet your needs. Often, your province or territory will have blank Personal Directive and/or Enduring Power of Attorney Forms available for free and they can be completed as per the provided instructions for your location. These forms can also be completed by a lawyer. **Due to relocation**, a will or other documents created in one province may or may not be valid in another province. You should check these and all other requirements for where you reside for all legal documents including what the ramifications are if your Executor resides outside your province or territory. **Any original or copy of a previously completed Will, Personal Directive, Enduring Power of Attorney or the Retired/Serving RCMP Member Survivor & Executor Information Package should be destroyed.**

This is your form and you can do what needs to be done to meet your needs to capture relevant information. Both parties within a marriage, partnership or co-habitation should complete a Package – information will be repeated between the two individuals; however, this will ensure all matters are noted and can be amended as needed in the future. The Civilian version of the Survivor & Executor Information Package is available for your spouse, family members or others. Reference has been made to a spouse – this can be amended to a partner or whatever term you desire. Tables (blocks where information can be inserted) should not be removed, this may create some confusion for the reader; however, if they are not needed, **“not applicable or n/a”** should be placed in the Section or a Cell to avoid confusion. As well, a line could be placed across a table after it is printed if it does not apply to you. Each cell is designed to expand as you keyboard allowing for the inclusion of as much information as you deem necessary. Additionally, each table generally has an Additional Information cell at the bottom – this is an area where more extensive information can be inputted allowing for clarity. Additional Information should also make reference to when an asset or debt is held outside Canada as other implications could arise and this should be readily visible for whomever is handling your estate. Some areas cannot be accurately captured within the Form – financial related matters can be expanded upon in Appendix “C” while more personal or detailed information can be explained in Appendix “D”.

Options may exist to lessen the cost of processing an estate; however, sound legal and financial guidance should be sought by the Executor prior to dispersing property and financial assets meeting the provincial or territorial requirements. Completing research or seeking advice from qualified individuals in advance allows you to be prepared. Probate costs may be a factor – guidelines vary across the country and you are encouraged to search, “Province of (?) Probate Fee Requirements” and/or “Province of (?) Probate Fee Costs”. Your hired lawyer (if this is the case) will be able to provide you with the necessary guidance in this area if the information is being sought post death.

Discussing your Will, Personal Directive, Enduring Power of Attorney and the Survivor & Executor Information Package with your spouse, family and Executors is crucial to ensuring an understanding exists for your wants and desires at the time leading up to and upon your death. Certain aspects of each legal document may need to be private or you want to keep them confidential, again, this will depend upon your own situation. It is best to discuss the Survivor & Executor Information Package with your Executor (includes spouse) and your family as you deem necessary. Additionally, he/she/they must know where the most recent version is located and it should not be secured in a safety deposit box or elsewhere as it must be readily available at the time of death to view instructions and requests. Ensuring clarity exists amongst all concerned parties will assist in removing misunderstandings with those persons entrusted to carrying out your documented wishes. If something is confusing to you, imagine what it will be like for the person having to figure it out when you are gone.

The Support and Advocacy members within the RCMPVA Divisions across the country are often called upon to assist families and/or executors with a variety of matters after a retired member or spouse dies. This task is completed for members of the Divisions as well those who aren't paid members. There are only a few organizations providing this service. Important information ranging from passwords to policy numbers to knowing which utility company is used - anything that is not written down makes this task even more difficult and only adds to the mental anguish experienced by families.

You are encouraged to involve your spouse/partner, when possible, an executor or other trusted family member when completing this document, again, this is dependent upon your wishes. It will take time to gather and document the information; however, updating the contents is a much easier task if completed on a regular basis.

Additional reference documents on the RCMPVA National website supplement this document or provide additional information. Share your ideas for improving the Retired/Serving RCMP Member Survivor & Executor Information Package by submitting suggestions to the RCMPVA email address.

INSTRUCTIONS TO ASSIST IN THE COMPLETION OF THE SURVIVOR & EXECUTOR INFORMATION PACKAGE

Throughout this document there may be occasions where the same information is inserted twice. An example is a credit card balance (Section 22 – CREDIT CARDS) that is paid automatically from a financial institution account (Section 23 – BILLS & PAYMENTS) on a specified date each month. This is a good check and balance system ensuring the inputted information is correct.

Having personal knowledge of or knowing someone who is familiar with Microsoft Word® may assist in completing the document. The Arial Font 10 has been used in the table cells. Completing the document in an electronic form is suggested; however, a handwritten version can be completed ensuring you have copied sufficient blank tables for a specific area prior to printing. For an electronic version – copy a specific table (see instructions below) and paste as many times as you need – blank tables can be deleted after the fact. It is strongly suggested the whole form be formatted only after it has been completed and prior to printing. The insertion of or deleting blank lines between sections may make the document easier to read and allow the Appendices to start at the top of a page.

The location of the saved document should be shared with those persons who need to know. Hard copies of this document can be placed in a secure location known to those who need to access it at some point in the future or shared with those same people. Individual circumstances will dictate which practice is utilized. It is also suggested the date the electronic file has been prepared or updated be included in the file name. **Frequently save this and related documents while the information is being added or amended.**

Steps to Copy a Table

For those unfamiliar, a Table is the larger box containing a number of smaller boxes. The smaller boxes are the cells contained within a table.

For the purposes of illustrating the process for copying a table, Section 17 - Accounts has been used. This is a common table to copy as many people have more than one financial account.

1. Left click your mouse anywhere within a table. Doing so puts a “four-way” arrow in the top left of the table.

Others who have the s
Additional Information:

Section 17 – ACCOUNTS

| | |
|---|------------------------|
| + | Financial Institution |
| | Address |
| | Account Type |
| | Authorized Signers on |
| | Cheques are Issued for |

2. Place your cursor directly over the “four-way” arrow – when in place your cursor changes appearance. When this occurs, left click your mouse and the whole table will become a different colour. Ensure the cursor is in the same location/or in the table then Right click the mouse and select “Copy” by left clicking the mouse.

Section 17 – ACCOUNTS – FINANCIAL INSTITUTIONS

| | | |
|---|-------------------------------------|----------------|
| + | Financial Institution | Account Number |
| | Address | |
| | Account Type | |
| | Authorized Signers on the Account | |
| | Cheques are Issued for this Account | Yes No |
| | Cheques are Located | |
| | Additional Information | |

3. Put your cursor just below the table you just copied, find “Return or Enter” on the keyboard and select it once, this places a space after the original table. At this location, right click the mouse and select Paste. You now have another full table. If you require more of the same table, repeat these steps. If at any time you have made a mistake, select “Command & Z” or “Control & Z” to go back one step.

Section 17 – ACCOUNTS – FINANCIAL INSTITUTIONS

| | |
|-------------------------------------|--------------|
| Financial Institution | |
| Address | |
| Account Type | Account Numi |
| Authorized Signers on the Account | |
| Cheques are Issued for this Account | Yes |
| Cheques are Located | |
| Additional Information | |

| | |
|---|---|
| + | ESTIMATED ACCOUNTS |
| | should be detailed as a variety of them (multiple |
| | TFSA and in theory increasing the value or annu |

Reference can also be made to the Contact Information sheet. This provides you with the agency to contact along with the information you need to have available to proceed.

PART 1 – PERSONAL INFORMATION

Section 1 –DATE CHECKLIST UPDATED

The Survivor & Executor Information Package should be reviewed at least once a year. Changes to information occurs on a regular basis and should be noted (handwritten on the document) allowing for a form change at some point in the future. The completed form should be reviewed with your spouse, executor or other persons you determine should be aware of its contents. Any previous Survivor & Executor Information Package should be destroyed or deleted.

| | |
|---|--|
| Date Checklist Updated | |
| Where is the digital file located and what name has been used to save it? | |

Section 2 – PERSONAL DETAILS

| | | | |
|---|--|--------------|--|
| Full Legal Name | | | |
| Last Legal Address | | | |
| Mailing Address (if different from legal) | | | |
| Date of Birth | | | |
| Date of Death | | | |
| Spouse/Partner Name | | | |
| Spouse Date of Birth | | | |
| Address | | | |
| RCMP Engagement Date | | Regimental # | |
| RCMP Retirement Date | | HRMIS # | |
| Social Insurance Number | | Location | |
| Driver's License Number | | Location | |
| Health Card Number | | Location | |
| Additional Information | | | |

Section 3 – PASSWORDS, PERSONAL IDENTIFICATION NUMBERS (PINs) & COMBINATIONS

See Appendix "A" – The Passwords, PINs & Combinations document can be updated to reflect your personal situation. Passwords et al are often required for Accounts related to Financial Institutions, Credit Cards, accessing Bills and making payments related to utilities, Loyalty Programs, Digital Accounts (cell phones, email, media subscriptions and various social media sites) and for accessing a myriad of websites where a digital fingerprint has been left. Removing your digital presence is important to lessen the opportunity for identity theft to occur after your death. Additionally, secure storage devices may be in a residence or some other location and a combination or key may be required to open it.

See Appendix "A"

Section 4 – WILL

There are certain signature requirements to ensure a Will is of value. The practice in your Province or Territory should be confirmed to ensure its validity.

| | |
|---|--|
| Location of Original Will | |
| Date of Will | |
| Lawyer Who Prepared Will (if applicable) | |
| Phone # | |
| Does the lawyer have a copy of your will? | |
| Email Address | |
| Mailing Address | |
| Additional Information | |

Section 5 – PERSONAL REPRESENTATIVE(S) (EXECUTOR)

Search “Government of (your location) Personal Representative or Executor” – reference government websites and reputable contributors for valuable information. The terminology used in your location may be different from what is listed in this document – amend if necessary. The selection of and the duties of an Executor are extensive – additional information is available in Part 10 – Estate Duties.

Common wording appearing in a Will is similar to the following, “My spouse is the Executor and Trustee of my property. If my spouse dies before me, or is unable or unwilling to act as my executor and trustee when I die or at a later time, I appoint the following to act as an executor and trustee or as joint executors and joint trustees.”

Indicate who(m) your Executor(s) is/are should your spouse predecease you or for other reasons is unable to undertake this duty. Part 10 – Estate Duties is a valuable reference for you and the Executor.

| | |
|---------------|--|
| Executor | |
| Address | |
| Phone | |
| Email Address | |

| | |
|---------------|--|
| Executor | |
| Address | |
| Phone | |
| Email Address | |

Section 6 – PERSONAL DIRECTIVE (ADVANCED HEALTH CARE DIRECTIVE OR LIVING WILL) - HEALTH

Search “Government of (your Province) Personal Directive or Living Will” – reference government websites and reputable contributors for valuable information. The terminology used in your location may be different from what is listed in this document – amend if necessary.

Common wording appearing in a Personal Directive is similar to the following, “My spouse is the appointed Personal Directive Agent. If my spouse refuses or is unable to act as my agent, then I appoint the following in the noted order to act as my appointed Personal Directive Agent. My Agent has the authority to make personal decisions (non-financial matters) about my health care, my accommodation, with whom I live and associate, my participation in social, education and employment activities; and legal matters that do not relate to my estate.”

Indicate who(m) your Personal Directive Agent(s) is/are should your spouse predecease you or is unable to undertake this duty.

| | |
|---------------|--|
| Name | |
| Address | |
| Phone | |
| Email Address | |

| | |
|---------------|--|
| Name | |
| Address | |
| Phone | |
| Email Address | |

Section 7 – ENDURING POWER OF ATTORNEY - FINANCIAL

Search “Government of (your Province) Enduring Power of Attorney” – reference government websites and reputable contributors for valuable information. The terminology used in your location may be different from what is listed in the Information Form – amend if necessary.

Common wording appearing in an Enduring Power of Attorney is similar to the following, “My spouse is my appointed attorney and authorized to sign all instruments on my behalf concerning land and property, to compromise or settle any debts and to invest funds as she or he sees fit. In the event my spouse predeceases

me, or at any time becomes unwilling, incompetent or unable to act as my attorney then I appoint the following to be my attorney or joint attorneys.

Indicate who(m) your Enduring Power of Attorney is/are should your spouse predecease you or is unable to complete this duty.

| | |
|---------------|--|
| Name | |
| Address | |
| Phone | |
| Email Address | |

| | |
|---------------|--|
| Name | |
| Address | |
| Phone | |
| Email Address | |

Section 8 – SAFETY DEPOSIT BOX

A safe deposit box is normally located in a financial institution. Something of a similar nature (home safe, etc.) can be located within your residence. Regardless of its location – input the required information. A combination, a key for a safe or other secure safe box should be noted in Appendix “A” – PASSWORDS, PINS & COMBINATIONS.

| | | | |
|------------------------|--|-------|--|
| Location of Box | | Box # | |
| Address | | | |
| Registered Name(s) | | | |
| Location of Key | | | |
| Additional Information | | | |

Section 9 – LOCATION OF LEGAL/IMPORTANT DOCUMENTS

Original Legal/Important Documents should be current and kept in a secure location and in the majority of instances, readily accessible to your executor(s) and family. The document location should be noted.

| | |
|----------------------------------|--|
| Will | |
| Personal Directive | |
| Enduring Power of Attorney | |
| Insurance - Life Policy(ies) | |
| Insurance – Property Policy(ies) | |
| Insurance - Vehicle Policy(ies) | |
| Insurance – Other Policy(ies) | |
| Birth Certificate | |
| Marriage Certificate | |
| Divorce Decree (if applicable) | |
| Premarital Agreement | |
| Contracts | |
| Deeds | |
| Certificate of Service | |
| Social Insurance Number Card | |
| Driver's License | |
| Provincial Health Card | |
| Insurance Cards | |
| Previous Income Tax Returns | |
| Funeral Documents | |
| Plot/Niche Documents | |
| Location of Service Medals | |
| | |
| | |

PART 2 – INSURANCE

Section 10 – INSURANCE – LIFE

There are a variety of Life Insurance Policies; some include Term, Whole Life, Universal, Dependant, Accidental and others. The Location of the Policy may pertain to a hard copy or to a line on a work or pension statement. Input the required information and include other necessary information in the Additional Information cell. If applicable, payments for any of these policies will be noted in Section 22 – BILLS & PAYMENTS.

| | |
|-------------------------|--|
| Type of Policy | |
| Issuer | |
| Policy # | |
| Renewal/Expiration Date | |
| Agent/Representative | |
| Web Site | |
| Phone # | |
| Email Address | |
| Mailing Address | |
| Beneficiary (ies) | |
| Value/Coverage | |
| Document Location | |
| Additional Information | |

Section 11 – INSURANCE – PROPERTY(IES)

Property Insurance Policies should be detailed – this may be homeowner, rental or other situations. Input the required information and include other necessary details in the Additional Information cell. If applicable, payments for any of these policies will be noted in Section 23 – BILLS & PAYMENTS.

| | |
|-------------------------|--|
| Type of Policy | |
| Issuer | |
| Policy # | |
| Renewal/Expiration Date | |
| Agent/Representative | |
| Web Site | |
| Phone # | |
| Email Address | |
| Mailing Address | |
| Beneficiary (ies) | |
| Value/Coverage | |
| Document Location | |
| Additional Information | |

Section 12 – INSURANCE – VEHICLE(S)

Vehicle Insurance Policies may include a personal vehicle(s), recreation, off road or another vehicle. Input the required information and include other necessary details in the Additional Information cell. If applicable, payments for any of these policies will be noted in Section 23 – BILLS & PAYMENTS.

| | | | |
|-------------------------|--|-----|--|
| Issuer | | | |
| Policy # | | | |
| Renewal/Expiration Date | | | |
| Agent/Representative | | | |
| Year/Type of Vehicle | | VIN | |
| Phone # | | | |
| Email Address | | | |
| Mailing Address | | | |
| Web Site | | | |

| | |
|------------------------|--|
| Beneficiary (ies) | |
| Value/Coverage | |
| Document Location | |
| Additional Information | |

Section 13 – INSURANCE – OTHER

Individuals have a variety of insurances – some are specific like medical (may include prescriptions), dental or disability and others may blend into other areas like cancellation, travel health, or credit card insurance. The cause or location of your death may allow for one of these policies to pay a certain amount to your estate. The Location of the Policy may pertain to a hard copy or to a line on a work, a pension statement or a credit card agreement. Input the required information and include other necessary information in the Additional Information cell. If applicable, payments for any of these policies will be noted in Section 23 – BILLS & PAYMENTS.

| | |
|-------------------------|--|
| Type of Policy | |
| Issuer | |
| Policy # | |
| Renewal/Expiration Date | |
| Agent/Representative | |
| Web Site | |
| Phone # | |
| Email Address | |
| Mailing Address | |
| Beneficiary (ies) | |
| Value/Coverage | |
| Document Location | |
| Additional Information | |

PART 3 – PROPERTY

Section 14 – RESIDENCE & OTHER PROPERTIES

Input the information pertaining to your situation by listing your residence and other properties ensuring Section 11 – INSURANCE – PROPERTY details for each are included. If applicable, payments for any of these properties will be noted in Section 21 – MORTGAGE, LOAN & CREDIT LINE or Section 23 – BILLS & PAYMENTS. Indicate if you have added other individual(s) to your Deed or Title after the death of a spouse or include other instructions in the Addition Information cell including the location of keys, etc.

| | | | |
|--|--|----------------------------------|----|
| Street Address/Legal Land Location | | | |
| Name on Deed/Title/Rental Agreement | | | |
| Location of Deed/Rental Agreement | | | |
| Taxes are Paid to | | | |
| Tax is Due When | | Approximate Amount | |
| Mortgage or Other Type of Loan | | Yes | No |
| To Whom Monies are Owed | | See Mortgages/Loans – Section 21 | |
| Approximate Amount Owed/Date | | Approximate Value | |
| Insurance Company – See Insurance – Property Information | | | |
| Additional Information | | | |

Section 15 – MOTOR & OTHER VEHICLES

Input the information for all motor related vehicles. Loan or lease payments should be included in Section 23 – BILLS & PAYMENTS and Section 12 – INSURANCE – VEHICLE will mirror the listed vehicle if there is insurance on the vehicle. Indicate in the Additional Information cell where the registration document is normally located and/or if there is no insurance for the vehicle along with the location of the key(s).

| | | | |
|--|-----|-----------------|----|
| Registered Owner(s) | | | |
| Vehicle Identification Number | | | |
| Year | | Make | |
| Model | | Colour | |
| Province of License | | License Plate # | |
| Estimated Value | | | |
| Vehicle Leased | Yes | | No |
| Leased from | | | |
| Vehicle Fully Paid | Yes | | No |
| Loan is Owed to | | | |
| Insurance Provider – See Insurance – Vehicle Information | | | |
| Additional Information | | | |

PART 4 – FINANCIAL

Section 16 – CLIENT/DEBIT CARD for FINANCIAL INSTITUTION

| | | | | |
|---|-----|--|----|--|
| Do you have a client card? | Yes | | No | |
| Where is it located? | | | | |
| Which account numbers can it access? | | | | |
| Maximum daily withdrawal amount? | | | | |
| Others who have the same client card access the same account(s) | | | | |
| Additional Information: | | | | |

Section 17 – ACCOUNTS – FINANCIAL INSTITUTIONS

| | | | |
|-------------------------------------|-----|----------------|----|
| Financial Institution | | | |
| Address | | | |
| Account Type | | Account Number | |
| Authorized Signers on the Account | | | |
| Cheques are Issued for this Account | Yes | | No |
| Cheques are Located | | | |
| Additional Information | | | |

Section 18 – INVESTMENT ACCOUNTS

Each investment should be detailed as a variety of them (multiple GICs) could be present – an individual may be contributing to a TFSA and in theory increasing the value or annual payments may be withdrawn from a RRIF.

Common investment vehicles are a Guaranteed Investment Certificate (GIC), Registered Retirement Savings Plan (RRSP) if you are still contributing or a Registered Retirement Income Fund (RRIF) if your RRSP(s) have been converted. You may have a Locked-In Retirement Account (LIRA) or it has been converted to a Life Income Fund (LIF). Other common investment accounts are a Tax-Free Savings Account (TFSA), various Annuities or possibly Mutual Funds, Bonds or Stocks. List whatever may pertain to you and indicate in the Additional Information cell if any are held or registered outside Canada.

If your investments are diverse, consider completing a separate document and referencing it in this form.

| | | | |
|-----------------------------------|-----|------------------------|----|
| Financial Institution | | | |
| Financial Advisor/Company/Contact | | | |
| Email Address | | | |
| Phone # | | | |
| Mailing Address | | | |
| Investment Registered/Belongs to | | | |
| Investment Type | | Approximate Value | |
| Mandatory Annual Withdrawal | Yes | | No |
| Amount Withdrawn | | Date Withdrawal Occurs | |
| Additional Information | | | |

Section 19 – PENSION(S)

Input information for any private or government pensions (including VAC) you are receiving or paying into if still employed. Indicate in Additional Information if a pension is paid other than in Canadian dollars. Indicate if this is an RCMP widow pension. VAC officials will normally require a Notarized Copy of the Will to process a survivor claim. A completed Form VAC520 allows you to designate your spouse and/or your executor and/or other persons to access some of all of your VAC file.

| | | | | | | | | | | |
|------------------------|--------------|--|----|--|----------|--|--|--|--|--|
| Type | | | | | | | | | | |
| Receiving from | | | | | | | | | | |
| Account/Pension # | | | | | | | | | | |
| \$ Amount | Per Month or | | | | Per Year | | | | | |
| Automatic Deposit | Yes | | No | | Account | | | | | |
| Deposit Date | | | | | | | | | | |
| Paying Into Pension | Yes | | | | No | | | | | |
| Policy Information | | | | | | | | | | |
| Death Benefit | Yes | | | | No | | | | | |
| Additional Information | | | | | | | | | | |

Section 20 – INCOME ASSESSEMENT FORM

See Appendix “B”

The Income Assessment Form provides an approximate summary of incoming monies for living persons and for the remaining spouse after a death. These amounts likely change annually and it is advisable to update the amounts early in a calendar year after they have been set.

The Income Assessment Form is only for monies that are received and does not include any savings or other investments not having a yearly or monthly mandatory payout. An RRSP does not have to pay out funds in a given year prior to the mandatory withdrawal age; however, there is a minimal withdrawal amount for a RRIF. Monthly pension payouts are normally reduced after the death of a spouse and the approximate new amounts should be indicated.

Section 21 – MORTGAGE, LOAN & CREDIT LINE (includes Reverse Mortgage)

Include any insurance related information for the owed monies in the applicable table – Section 10 – INSURANCE – LIFE, Section 11 – INSURANCE – PROPERTY or Section 13 – INSURANCE - OTHER. Indicate if you are the co-signor for any mortgage or loan. Provide sufficient details if you entered into a Reverse Mortgage.

| | | | | | | | | | | |
|--|-----|--|----|------------------|--------------|--|------------|--|--|--|
| Financial Institution/Lender | | | | | | | | | | |
| Address | | | | | | | | | | |
| Type (Mortgage, Loan, Credit Line, Other) | | | | | | | | | | |
| Account # | | | | | Amount Owing | | | | | |
| Person(s) responsible to pay the Loan | | | | | | | | | | |
| Loan Duration | | | | Interest Rate is | Fixed | | Adjustable | | | |
| Payment Date | | | | | From Account | | | | | |
| Estimated Pay-Off Date | | | | | | | | | | |
| Is there Insurance covering the Mortgage, Loan, Credit Line, Other | Yes | | No | | | | | | | |
| Insurance Company – See Insurance – Other Information | | | | | | | | | | |
| Additional Information | | | | | | | | | | |

Section 22 – CREDIT CARDS

A free credit report can be obtained from Equifax or Trans Union (search their websites for details) detailing any credit card issued in your name. List automatic payments made from your credit card and these sources should be included in Section 23 – BILLS & PAYMENTS.

| | | | | | |
|---|--|-----------------|--|----|--|
| Financial Institution/Card Name | | | | | |
| Account # | | Expiration Date | | | |
| Customer Service Phone # to Cancel | | | | | |
| Automatic Payments are made from this credit card | | Yes | | No | |
| List Automatic Payment Source(s) | | | | | |
| Payment Due Date | | | | | |
| Payment Method | | | | | |
| Who has a card for this account? | | | | | |
| Additional Information | | | | | |

Section 23 – BILLS & PAYMENTS (utilities, taxes, credit cards, club memberships, subscriptions, etc.)

There will be multiple tables created in this section. Each of us receives bills from utility and communication companies, pay taxes, condo or maintenance fees, belong to various clubs, subscribe to various subscriptions or make regular contributions to a charity. These along with a myriad of other scenarios are present and should be noted so each is addressed after your death – you may want to group these payments into like items (i.e., utilities). There is a cell to indicate if this is a joint bill – for example, one electrical bill is received for your residence – indicate who is responsible for paying it with the details included. Knowing this information allows for the possible transfer of the account name to the remaining spouse or the executor can change the name to ensure payments are made until the estate process is completed.

Bills are received through various methods (email, sign into an account, mail, etc.) and how it is received should be indicated. The required password to enter into a provider website or your account should be included in Appendix “A” – PASSWORDS, PINS AND COMBINATIONS.

Additionally, there are a plethora of ways to pay a bill – indicate your payment method. There will be a need for your spouse and/or executor to arrange an alternate payment soon after your death for bills received in your name alone. The following are some of the most common payment methods; by no means is it all-inclusive.

- *Pay in Person at a Financial Institution*
- *Automatic Withdrawal from a Financial Institution Account*
- *Automatic Payment from a Credit Card*
- *Pay through On-Line Banking*
- *Paid by Another Person*
- *Other (Explain)*

| | | | | | |
|---|-----|-----|----|----|--------------|
| Company Name | | | | | |
| Service Provided | | | | | |
| Account # | | | | | |
| Phone # | | | | | |
| Billing Cycle | | | | | |
| How is Bill/Invoice Received | | | | | |
| Joint Bill | | Yes | | No | |
| Who Pays the Bill | | | | | |
| Web Site – See Appendix “A” – Password, PINs & Combinations to access account | | | | | |
| Automatic Payment | Yes | | No | | Which Source |
| Payment Method | | | | | |
| Additional Information | | | | | |

Section 24 – ASSETS – OTHER EXPENSES – BUSINESS INTERESTS

See Appendix “C” – Assets – Other Expenses & Business Interests Form provides an avenue to document different types of assets and expenses that are not easily inputted into one of the preceding tables. Examples may be a part-time residence in another province or country, a time-share, purchased travel rewards, Trust Fund, other investments or a business interest. These may be owned or monthly or annual costs associated to the asset. To assist your spouse and/or executor in understanding the financial implications, it is best to provide as much written instruction as possible in conjunction with or referencing legal or other documents. It is possible reference is made to a binder or file folder containing all the required documentation.

Multiple appendices can be labeled Appendix C-1, Appendix C-2, etc. – each being documented within the Form.

Section 25 – LOYALTY PROGRAM(S)

Some loyalty reward programs belong to an individual or are jointly controlled. Not all programs allow the rewards to be transferred to a spouse or another individual at the time of death. Often, an accumulated cash value will be paid to the estate. Research completed in advance may assist you in your use of these rewards, payment upon your death or transfer options. Provide instructions in the Additional Information cell.

| | | | | |
|--|-----|--|----|--|
| Name | | | | |
| Type of Reward | | | | |
| Account/Card # | | | | |
| Where is the card located? | | | | |
| Phone # | | | | |
| Card is Registered to | | | | |
| Is the Reward Transferable upon death? | Yes | | No | |
| Additional Information | | | | |

PART 5 – CONTACTS

Section 26 – CHURCHES, CLUBS & OTHER ORGANIZATIONS

Contact with a representative of the varied organizations you attend or belong to should be undertaken upon your death. There may be payments associated to these entities – include this information in Section 23 – BILLS & PAYMENTS.

| | | | |
|------------------------|--------------------------------------|---------------|--|
| Organization Name | | | |
| Membership # | | | |
| Address | | | |
| Contact Person | | Contact Title | |
| Contact Phone # | | Email Address | |
| Additional Information | Detail circumstances for contacting. | | |

Section 27 – DOCTOR, DENTIST & OTHER HEALTH PROFESSIONAL

Some of your health care professionals may have knowledge of your death. Regardless, contact with the office of all your health professionals visited on a regular basis should be completed ensuring steps are taken to dispose of your records in an approved manner.

| | |
|---------------------------------|--|
| Doctor/Health Professional Name | |
| Area of Practice | |
| Business Name | |
| Phone # | |
| Address | |
| Email Address | |
| Additional Information | |

Section 28 – PRESCRIPTIONS & OTHER MEDICAL NEEDS (in-home health services)

Automatically refilled prescriptions should be cancelled after your death. In-home services need to be stopped and assisted living devices returned that were rented or on loan from an organization.

| | | | | | | |
|------------------|-----|------|----|--|-----------|--|
| Business | | | | | | |
| Address | | | | | | |
| Phone # | | | | | | |
| Prescription # | | Name | | | | |
| Automatic Refill | Yes | | No | | Requested | |

| | | | | | |
|------------------------|-----|--|----|--|-----------------------|
| Pay as Required | | | | | |
| Insurance Coverage | Yes | | No | | See Insurance - Other |
| Additional Information | | | | | |

PART 6 – DIGITAL ACCOUNTS

Every person has a myriad of digital accounts and devices. Upon your death, some may go away on their own while others need to be removed – contact with the service providers is necessary to cancel the service ensuring identity theft does not occur at some point in the future. Your account and username will be documented in Appendix “A” – PASSWORDS, PINS & COMBINATIONS. Additionally, passwords or usernames to gain entry to your devices will be listed – without these; the devices are of little value to any person who might be able to use them.

It is suggested research be completed or contact be made with social media companies in advance to determine how your estate should cancel your account or obtain digital images or messages.

Section 29 – COMPUTER/MOBILE DEVICE/TABLET

List all of your devices that require a password to open. All passwords will be documented in Appendix “A” – PASSWORDS, PINS & COMBINATIONS. Indicate in the Other/Notes cell if you have special instructions regarding the information stored in any of these devices. It should be indicated if any of your “Apps” (i.e., Banking) are not password protected or there is no requirement to enter a password to open the device. The location of and what is held on an external storage device should also be indicated if it contains sensitive information.

Section 30 – EMAIL

At a certain point, your email addresses should be deleted after your death. This should only be completed after arrangements have been made to manage any bills, statements or other important messaging received via another email address or other means. Your account and username will be documented in Appendix “A” – PASSWORDS, PINS & COMBINATIONS.

| | | | | | |
|------------------------|-----|--|---------------|----|--|
| Email Provider | | | Email Address | | |
| Password Protected | Yes | | | No | |
| Web Site | | | Phone # | | |
| Additional Information | | | | | |

Section 31 – MEDIA SUBSCRIPTIONS (news, movies, music, books, games, etc.)

Input the data for any on-line media subscription you may belong to – in some instances, there is a fee for this service that is automatically withdrawn from an account or charged to a credit card – all of these instances will be included in Section 23 – BILLS & PAYMENTS.

| | | | | | |
|---|--|---------|--|----|--|
| Service Name & URL | | | | | |
| Name/Email Associated with the Account | | | | | |
| Password Protected | | Yes | | No | |
| Web Site | | Phone # | | | |
| Automatic withdrawal should be detailed in Bills & Payments | | | | | |
| Additional Information | | | | | |

Section 32 – SOCIAL MEDIA

Using a search engine, type “how to delete social media accounts (i.e., Facebook) when someone dies” (or words to that effect) – various sites offer advice and processes on how to save data, memorialize or delete a social media account. Essential information must be inputted and, in some instances, provided to the company to locate and delete the account. Common social media providers are Facebook, X (Formerly known as Twitter), Instagram, LinkedIn, Pinterest & YouTube – others are available and new providers and services frequently become available.

| | | | |
|--|--|---------|----|
| Service Name & URL | | | |
| Username/Email Associated with the Account | | | |
| Password Protected | | Yes | No |
| Web Site | | Phone # | |
| Additional Information | | | |

PART 8 – PETS

Section 33 – PETS & OTHER ANIMALS

Arrangements may have been discussed on who will take care of a pet or pets, this information along with any other important information should be included in the Additional Information cell.

| | |
|---|--|
| Name | |
| Gender | |
| Breed & Colour | |
| Age & Weight | |
| Spade of Neutered | |
| Veterinarian Clinic | |
| Veterinarian | |
| Address | |
| Phone # | |
| Additional Information (include personality traits, medical conditions/medications, etc.) | |

PART 9 – PROFESSIONALS

Section 34 – ESTATE PLANNING LAWYER or OTHER PROFESSIONAL

If Probate is required, the lawyer who prepared the will or another lawyer may be of some assistance. Another lawyer selected by the spouse or an executor is often used. This name may be helpful if the executor is not familiar with contact people in your location.

| | | | |
|------------------------|--|-------|--|
| Name | | | |
| Firm | | | |
| Address | | | |
| Phone # | | Email | |
| Additional Information | | | |

Section 35 – REAL ESTATE LAWYER

Depending upon your living situation (i.e., renting) a real estate lawyer may not be required. A spouse or an executor can choose a lawyer to complete the legal affairs. This name may be helpful if the executor is not familiar with contact people in your location.

| | | | |
|------------------------|--|-------|--|
| Name | | | |
| Firm | | | |
| Address | | | |
| Phone # | | Email | |
| Additional Information | | | |

Section 36 – ACCOUNTANT/TAX PREPARER

Individuals may use an accountant/tax preparer on a regular basis to complete income tax returns or handle business affairs – familiarity with the deceased person and access to previously submitted income tax information may simplify the process for submitting a final income tax return ensuring a Canada Revenue Agency Clearance Certificate is ultimately obtained. If an income tax return is complicated, a spouse or executor may seek the assistance of an accountant or other trained individual to submit the required documentation or to provide the necessary guidance.

| | | | |
|------------------------|--|-------|--|
| Name | | | |
| Firm | | | |
| Address | | | |
| Phone # | | Email | |
| Additional Information | | | |

Section 37 – REALTOR

There may be a particular reason for providing an individual's name to sell the principal residence or other properties. A surviving spouse and/or the executor may choose someone he or she is familiar with and knowledgeable about the local real estate market. This name may be helpful if the executor is not familiar with contact people in your location.

| | | | |
|------------------------|--|-------|--|
| Name | | | |
| Firm | | | |
| Address | | | |
| Phone # | | Email | |
| Additional Information | | | |

Section 38 – ADDITIONAL INFORMATION – APPENDIX “D”

Additional information can be inputted that does not fit into the previous tables. They can be labeled as Appendix “D1, Appendix “D2”. In the Form, provide a brief description of what is contained within the Appendix. Reference should be made to any supporting documentation and its location. Provide as much clarifying information as possible.

This information pertains to (list):

PART 9 – PRE & POST DEATH

Section 39 – ORGAN DONATION

Provincial requirements must guide you in the completion of documentation as it pertains to organ donation for the purposes of transplant, scientific research or medical education. You can search “organ donation in your province” to obtain the required information. Local Provincial Registry (or similar) offices are normally your “go to office” for these forms and other Provincial matters. Your desire and wish to donate your organs upon your death must be discussed with your spouse, family members and/or your executor. Discussions must take place with the attending physician should death be imminent. Any person using Medical Assistance in Dying (MAID) should consult appropriately in advance with an attending physician to determine eligibility and requirements.

| | | | | |
|--|-----------------|--|---------------------|-------------------|
| Are you donating your organs upon your death? | Yes | | No | |
| Is your spouse and/or executor aware of your desire to donate your organs? | Yes | | No | |
| Have you signed a Provincial Organ & Tissue Consent Form? | Yes | | No | |
| Location of Original Consent Form | | | | |
| Location of Copies of Consent Form | | | | |
| Organs will be donated for | Transplantation | | Scientific Research | Medical Education |
| Additional Information | | | | |

Section 40 – FUNERAL & BURIAL/INTERMENT

| | | | | |
|---|-----|--|----|--|
| Prearranged Funeral | Yes | | No | |
| Documents for Prearranged Funeral are located | | | | |
| Prepaid Funeral | Yes | | No | |
| Documents for Prearranged Funeral are located | | | | |
| Details for casket (if applicable) | | | | |

| | | | | |
|--|-----|--|----|--|
| Details for urn (if applicable) | | | | |
| Cremation | Yes | | No | |
| Burial | Yes | | No | |
| Plot/Niche Location | | | | |
| Documents for plot/niche are located | | | | |
| Instructions for distribution of ashes (if applicable) | | | | |
| Will there be a public funeral service? | Yes | | No | |
| Type of Service | | | | |
| Celebration of Life | Yes | | No | |
| Service to be held at | | | | |
| Contact Person | | | | |
| Phone # | | | | |
| Address | | | | |
| Email | | | | |
| Requested Music | | | | |
| Private/Family Burial/Interment of Ashes | Yes | | No | |
| Floral Arrangements | Yes | | No | |
| Charitable Donation in Lieu of Flowers | Yes | | No | |
| Which Charity? | | | | |
| RCMP Veteran's Association Participation | Yes | | No | |
| Honour Guard | Yes | | No | |
| Pall Bearers | Yes | | No | |
| Local RCMP Veteran's Contact Information | | | | |
| RCMP Veterans Padre Requested | Yes | | No | |
| Regimental Coffin Pall | Yes | | No | |
| Location of Service Medals | | | | |
| Special Instructions for Family Members | | | | |
| Special Request for Others | | | | |
| Additional Information | | | | |

Section 41 – FUNERAL HOME & OBITUARY INFORMATION – APPENDIX “E”

There are several Funeral Home and other websites providing valuable guidance on the process and how to complete an obituary. A pre-planned funeral may also have this as part of the package. The information completed in Section 2 – Personal Details & Appendix “E”, assists the family or others in completing this task. The information should be reviewed at the time of death ensuring it is current.

Some Funeral Homes may complete and submit a number of Federal and Provincial Forms on your behalf. They require some of the information located within Appendix “E”.

| | | | | |
|---|----------|--|------|--|
| List Newspaper(s) or Other Medium(s) to be used | | | | |
| Include Photograph | Yes | | No | |
| Photograph | Civilian | | RCMP | |
| Location of Photograph | | | | |
| Include RCMP Crest and/or Another Symbol | Yes | | No | |
| Send Obituary Notice to | | | | |
| Additional Information | | | | |

PART 10 – ESTATE DUTIES

The RCMP does not reimburse any burial, internment or other costs for a veteran's funeral once a member has retired from the RCMP.

The RCMP Family Services Program can assist the families of former members by providing support and guidance with the settlement of government sponsored benefits. They will also remain available to the surviving family to provide guidance and assistance to locate or access supports. Contact can be made with this unit via the following Retired/Serving RCMP Member Survivor & Executor Information Package – Revised April 2024

email: family_famille@rcmp-grc.gc.ca (underscore between family and famille). In your email, explain why you are inquiring, provide the member's name, Regimental # and/or HRMIS # along with your name and contact information.

Retired RCMP members who retired to Pension are eligible to a Regimental Grave Marker (different varieties) or a niche plate for a columbarium. Contact should be made with the Member Services Officer or the Chaplain for the Division you reside in by contacting the local RCMPVA Division, local detachment or Division Headquarters to obtain a phone number or email address. Additionally, the RCMP Family Services Unit will be able to assist you with inquiries related to the death of an RCMP Veteran – see Contact Information document. The Chaplain can provide you with the most current information which entitles the purchaser to a partial rebate on the cost of the marker when reference is made to the deceased's RCMP service. At the time of this writing, amendments are being made to RCMP policy allowing for the inclusion of the spouse's name on the marker. Although not official policy, most, if not all Divisions allow for the spouse's name on the marker and pay the rebate.

The other possible unique item for a serving or retired RCMP member is a Disability Benefit received from Veterans Affairs Canada (VAC). The information for VAC should be noted in Section 19 – Pensions within this form.

Notification of a death should be made to Trans Union or Equifax. As per normal practice, one credit company will notify the other credit companies operating in Canada to freeze all credit. This practice decreases the likelihood of fraud and identity theft.

Do not provide a VOID Cheque to an agency for a direct deposit if that bank account is or will be closed.

The tasks for closing an estate are essentially the same for every person – it is the complexity and the number of requirements that will vary. There is a myriad of Estate/Executor Guides available on the internet and in most instances, they can be obtained specific to the Province or Territory in which you reside.

The easiest method to view Estate/Executor Guides/Checklists is by conducting a search using phrases similar to below:

- **Estate Guide for Alberta**
- **Executor Assistance Guide for Newfoundland and Labrador**
- **The Personal Representative Guide for Ontario**
- **Executor Checklist for Saskatchewan**

There are several government, media and other sites containing documents which are both current and easy to follow. Many of these documents are prepared by financial institutions or various law firms seeking your business. The information is valid and the Executor is most likely to use professionals he/she is familiar with rather than the advertised company. You are encouraged to review these documents and select one or parts of some and include them with this Survivor & Executor Information Package. The only caution to the Executor may be changes in the requirements or dollar amounts and these should be confirmed, if required, when inquiries are being made.

Many of these papers make reference to the importance of the Executor documenting all tasks completed for the closure of the estate. Date, time, who spoken within, need to obtain, need to do, etc. should be noted.

APPENDIX “A” – PASSWORDS, PINs & COMBINATIONS
Consider securely storing this page to meet your individual situation.

PASSWORDS

(Revised January 2024)

[illegible]

APPENDIX “B”
(Revised January 2024)

Incoming Monies Assessment Form

(This document does not detail funds in Savings, GICs, RRSP/LIRA, TFSAs or Other Savings Instruments)

Indicate if the listed amounts are in Monthly or Yearly amounts?

Indicate if the dollar amount is Gross or Net funds?

| Income Item | Self | Spouse | Both | You as Survivor | Spouse as Survivor |
|------------------------------------|------|--------|------|--------------------|-----------------------|
| Canada Pension Plan (CPP) | | | | | |
| Old Age Security (OAS) | | | | | |
| Guaranteed Income Supplement (GIS) | | | | | |
| Employment Pension | | | | | |
| Other Pension | | | | | |
| Other Pension | | | | | |
| VAC Disability | | | | | |
| RRIF | | | | | |
| LIF | | | | | |
| Annuities | | | | | |
| Employment Income | | | | | |
| Employment Income | | | | | |
| Other Income | | | | | |
| Other Income | | | | | |
| Total | | | | | |

Notes:

APPENDIX “C”
(Revised January 2024)

Assets

Assets which you were unable to document within the form can be listed on one or more appendices. Include as much information as possible allowing the person(s) responsible for settling your estate to locate this information.

[] Indicates there is additional information located in a binder or folder and it is located:

APPENDIX “D”
(Revised January 2024)

Additional Information

Additional Information which you were unable to document within the form can be listed on one or more appendices. Include as much information as possible allowing the person(s) responsible for settling your estate to locate this information.

[] Indicates there is additional information located in a binder or folder and it is located:

APPENDIX “E”
(Revised January 2024)

Funeral Home & Obituary Information

These documents and additional information are normally requested by a Funeral Home to assist in the completion of documents for government agencies. The following was compiled using a variety of different information pieces readily available from the Internet. There may be something more directed towards your personal situation, if such is the case, use it. Just include it with all your other information.

Documents

- Copy of the Will.
- Identification for the Deceased.
- Identification for the person making the arrangements.
- If available, deceased's Birth Certificate & Social Insurance Card.
- Marriage Certificate or Declaration of Legal Marriage (they normally have forms).
- Complete Declaration if Common-Law (they normally have the forms).
- Void Cheque or Banking Information for direct deposit of CPP Payments.

Information

Deceased Full Legal Name:

Name at the time of birth if different from legal name

Name on SIN card if different from legal name

Date of Birth

Place of Birth

Social Insurance Number

Health Care Number

Driver's License Number

Legal Married Status (never married, married, widowed, divorced)

Primary Occupation during working years

Type of Business employed in

Did the Deceased ever receive or apply for benefits under the CPP, OAS, QPP, VAC, Other? (List)

Did the Deceased work or live in another country? If yes, list country(ies) and Insurance Numbers

Deceased's Spouse:

Full Name of Spouse if Married or Widowed (maiden name)

Spouses Date of Birth

Spouses Place of Birth

Date of Marriage or Common-law

Did the spouse receive or apply for CPP, OAS, QPP, Other?

Spouses Name at birth if different from legal name

Spouses Name on SIN Card if different from legal name

Deceased's Former Spouse(s):

Full Name of Ex-Spouse if Divorced (maiden name)

Full Name of Common-law or Interdependent partner

| | |
|----------|--|
| Paternal | |
|----------|--|

Siblings: Brothers: _____ Sisters: _____

Siblings & Spouses

City of Residence

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

Number of: Aunts: _____ Uncles: _____ Cousins: _____

Indicate if Aunt/Uncle or Cousin

City of Residence

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

Special Person(s) to mention in the Obituary

Name:

| | |
|--|--|
| | |
|--|--|

Name of Cemetery:

Location – Address/City:

Committal:

Additional Graveside Information (if required): Piper, flag ceremony, balloon release, placing of flowers, lowering of casket or urn:

Education:

Police/Military/Other Service: (May wish to include location and duty.)

Associations & Memberships:

Employment Information:

Interests: (hobbies, talents, character traits, other biological information of interest)

Donations in Lieu of Flowers:

Include Photograph: (where is it located)

Include Other Image:

Obituary to be Published Where?

Who would you like to be a pallbearer or honorary pallbearer?

Draft Obituary Text

Note: There are several funeral home websites or other websites which can assist you to draft an obituary.