



No Service by Request Cremations Ltd.

*This is a fillable PDF form, please complete this form and submit by email. You can print or save this form for your record.

You may also print the form, fill by hand and fax to us at: 604-936-6912

(Acrobat 8.0 is needed for fillable PDF, [click here](#) to install the newest version)

Pre-arrangement Cremation Form

A. Personal Information:

(If you are pre-arranging for another person, also complete section "B")

Surname

Given Names

Sex

Male Female

Maiden Name

Aboriginal Status

Yes No

Registration Number

Address

City

Prov. / State Postal Code

Home Phone

 -

Work Phone

 -

CareCard Number

Social Insurance Number

BC Resident

Yes No

Date of Birth (MM/DD/YY)

Age

Birth City

Prov. / State

Country

Type of Work

Type of Business Industry

Years

Status

Never Married Married Separated Widowed Common Law Other

Spouse Surname / Maiden Name

Spouse's Given Name

Surname of Father

Given Names of Father

Birthplace of Father - City/Place, Province/State, Country

Surname of Mother

Given Names of Mother

Birthplace of Mother - City/Place, Province/State, Country

Family Doctor's Name

Doctor's Phone Number

 -



B. If Prearranging For Another Person: (Your Information)

Name of Informant	Your Relationship		
<input type="text"/>	<input type="text"/>		
Street Address	City	Prov. / State	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone		
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>		

D. Funeral Service Request

Type Of Disposition	<input type="radio"/> Cremation		
Viewing	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Prefer Not, but at Family Discretion
Obituary:	<input type="checkbox"/> Sun	<input type="checkbox"/> Province	<input type="checkbox"/> Other <input type="text"/>
	Number of Days	<input type="text"/>	