

# Your Celebration of Life

The following kit has been prepared for you by



It is my hope that this will help you to share your personal celebration of life wishes with your loved ones.

This is one of the kindest things you can do for your loved ones. Knowing what you want done and having it all arranged makes it easier. This allows your people to focus on their feelings, emotions and process their grief instead of paperwork and processes.

## A Celebration of Life

Every person's life has a story. A unique story, which includes special people, and creates many lasting memories. Sharing these memories is the finest tribute we can make to our special loved one. In addition, this is a positive healing experience, which helps us cope with our grief.

By planning the funeral ceremony around a person's hobbies, activities, faith and interests their families help recall the special moments and beliefs of the individual's life through the memorial service. Some of the themes seen at services today include:

- Hobbies: music, painting, collecting
- Sports: baseball, golf, football, fishing
- Military service, Volunteer service
- Community affiliations
- Family traditions

Cemetery Arrangements  
PRE-PLANNING ARRANGEMENTS

Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Province, Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
Email: \_\_\_\_\_

PLEASE CHECK WHICHEVER APPLIES

GROUND BURIAL

- ◇ Cemetery
- ◇ Burial Vaults
- ◇ Bronze Memorial
- ◇ Granite Base
- ◇ Upright Monument
- ◇ Ground Opening & Closing

CREMATION

- ◇ Cremation lots
- ◇ Cremation Vault
- ◇ Cremation Memorial
- ◇ Cremation Fees
- ◇ Crypt Fees

## AQUAMATION

- ◇ Aquamation Memorial
- ◇ Aquamation Fees

## MAUSOLEUM ENTOMBMENT

- ◇ Mausoleum crypt
- ◇ Crypt Memorial
- ◇ Vase
- ◇ Candle
- ◇ Picture

## CREMATION & AQUAMATION NICHE

- ◇ Columbarium/Aquamation Niche
- ◇ Niche Urns
- ◇ Niche Memorial
- ◇ Niche Vase
- ◇ Niche Opening & Closing Fee

## CHILDREN

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Spouse: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Spouse: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Spouse: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Spouse: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Spouse: \_\_\_\_\_

## RELATIVES

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Final Arrangements

The person or persons most likely responsible for carrying out your final arrangements.

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NAME: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Funeral Arrangements  
AND SPECIAL WISHES

NAME: \_\_\_\_\_

Funeral Pre-arranged: \_\_\_\_\_

Preferred Funeral Home: \_\_\_\_\_

Personal Wishes

Visitation Time	Afternoon	Evening	Both
Embalming	Yes	No	
Open Casket	Yes	No	
Type of Casket	Wood	Metal	Cloth
Church Service	Yes	No	
Funeral Home Service	Yes	No	
Graveside Service	Yes	No	
Glasses	Yes	No	
Jewelry	Yes	No	
Clothing	Yes	No	
Flowers	Yes	No	
Contribution in Lieu of flowers	Yes	No	

Name(s) of Charities': \_\_\_\_\_

\_\_\_\_\_

Eulogy By: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

\_\_\_\_\_

Important Medical Records



List all special medical problems such as drug allergies or other conditions.

NAME: \_\_\_\_\_

Health Card No.: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have a pacemaker            YES            NO

I am an Organ Doner        YES            NO

I am a Tissue Doner        YES            NO

I have a living will        YES            NO

The status of my living will is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Life Insurance

Name of Company: \_\_\_\_\_

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web: \_\_\_\_\_

Policy no.: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

Double Indemnity	YES	NO
Waiver of Premium	YES	NO

### DISABILITY INCOME

Company: \_\_\_\_\_  
Policy no: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Phone/web: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

### HOME

Company: \_\_\_\_\_  
Policy no: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Phone/web: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_

### AUTOMOBILE

Company: \_\_\_\_\_  
Policy no: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Phone/web: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

## BUSINESS INSURANCE

Your Company Name: \_\_\_\_\_

Company: \_\_\_\_\_

Policy no: \_\_\_\_\_

Amount: \_\_\_\_\_

Phone/web: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

## Investment Information

### CREDIT CARDS

Name of Credit Card Issuer: \_\_\_\_\_

Name of Credit Card Issuer: \_\_\_\_\_

Name of Credit Card Issuer: \_\_\_\_\_

Name of Credit Card Issuer: \_\_\_\_\_

Name of Credit Card Issuer: \_\_\_\_\_

### STOCKS, BONDS, GIC, MUTUAL FUNDS, RRSP'S

Investment: \_\_\_\_\_

Held by: \_\_\_\_\_

Plan/Certificate no: \_\_\_\_\_

Phone/Web: \_\_\_\_\_

Investment: \_\_\_\_\_

Held by: \_\_\_\_\_

Plan/Certificate no: \_\_\_\_\_

Phone/Web: \_\_\_\_\_

Investment: \_\_\_\_\_

Held by: \_\_\_\_\_

Plan/Certificate no: \_\_\_\_\_

Phone/Web: \_\_\_\_\_

Investment: \_\_\_\_\_

Held by: \_\_\_\_\_

Plan/Certificate no: \_\_\_\_\_

Phone/Web: \_\_\_\_\_

### REAL ESTATE INVESTMENTS

Residence, Business, Cottage, Investment Properties

Type of Property: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Name & Address of Mortgagor: \_\_\_\_\_  
Phone/Web: \_\_\_\_\_

Type of Property: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Name & Address of Mortgagor: \_\_\_\_\_  
Phone/Web: \_\_\_\_\_

Type of Property: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Name & Address of Mortgagor: \_\_\_\_\_  
Phone/Web: \_\_\_\_\_

Type of Property: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Name & Address of Mortgagor: \_\_\_\_\_  
Phone/Web: \_\_\_\_\_

Type of Property: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Name & Address of Mortgagor: \_\_\_\_\_  
Phone/Web: \_\_\_\_\_

Additional Investment Information



Location of Important Papers

INDICATE THE LOCATIONS OF THE PAPERS

(H) Home (D) Safety Deposit Box (W) Work  
(A) Attorney (O) Other

- \_\_\_ Will
- \_\_\_ Deed to Home
- \_\_\_ Legal Proof of age or Birth Certificate
- \_\_\_ Bill of Sale on, or Title to, Automobile(s)
- \_\_\_ Marriage License
- \_\_\_ Certificate of Ownership of Cemetery  
    Lot/Crypt/Niche
- \_\_\_ Life Insurance Policies
- \_\_\_ Certificate of Funeral arrangements
- \_\_\_ Accident & Health Policies
- \_\_\_ Tax return, cancelled cheques and receipts
- \_\_\_ Property damage insurance
- \_\_\_ Citizenship papers or Passport
- \_\_\_ Stock Certificates, bonds, etc
- \_\_\_ Copy of Mortgage(s) or Lease(s) Personal
- \_\_\_ Copy of Mortgage(s) or Lease(s) Business
- \_\_\_ Other important documents

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Memorable Events  
BAPTISMS, ENGAGEMENTS, WEDDINGS AND OTHER  
OCCASIONS

Name & Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Occasion: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Name & Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Occasion: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Name & Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Occasion: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Member of Clergy: \_\_\_\_\_  
Church or Other Religious Institution:

\_\_\_\_\_  
Phone/Web: \_\_\_\_\_



Banking Information  
WITH BANKS OR TRUST COMPANIES

FINANCIAL INSTUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Web: \_\_\_\_\_

Location of Deposit books, cheque books: \_\_\_\_\_  
\_\_\_\_\_

FINANCIAL INSTUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Web: \_\_\_\_\_

Location of Deposit books, cheque books: \_\_\_\_\_  
\_\_\_\_\_

FINANCIAL INSTUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Web: \_\_\_\_\_

Location of Deposit books, cheque books: \_\_\_\_\_  
\_\_\_\_\_

SAFETY DEPOSIT BOX  
FINANCIAL INSTUTION: \_\_\_\_\_  
Address: \_\_\_\_\_  
Location: \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Ins: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Password: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Name of Executor: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Retired: \_\_\_\_\_

Things That Must be Done  
WHEN A DEATH OCCURS IN A FAMILY

PLEASE CHECK WHEN COMPLETED

NOTIFY AS SOON AS POSSIBLE

- The Doctor/Coroner
- Funeral director
  
- Minister/Clergy
- Lawyer
- Employers
- Relatives/Friends
- Pallbearers
- Insurance agents

PAY FOR

- Cemetery
- Funeral Arrangements
- Florest
- Clothing
- Hospital

COLLECT DOCUMENTS

- Will
  
- Legal proof of age or birth certificate
- Social insurance number
- Marriage License
- Bank books
  
- Deeds to property
- Cemetery certificate of ownership
- Insurance policies

DECIDE &  
ARRANGE WITHIN  
A FEW HOURS

- Cemetery location
- Music
  
- Pallbearers
- Casket type
- Order death certificates 8-10
- Canada Pension
- Lawyers
  
- Bank

What Goes Into An Obituary

When a loved one dies, the family often leaves the writing of the obituary up to the funeral director. When the obituary is left up to someone outside of the family, it often contains mistakes and doesn't really say what the family would like it to. This causes added pain when an incorrect obituary is placed in the paper and it feels like your loved ones' memory has been tainted somehow. It is best to write the obituary yourself because you are the one that knew the person the best and what is important to include and what is not. Some newspapers will not allow you to write the obituary as they have someone who does this job and the obituaries must follow a certain format. If this is the case, ask if you can collaborate with the newspaper instead of letting them deal exclusively with the funeral home. In any case, be sure to ask to see a final proof before the obituary goes into print.

When you are writing your obituary there are several important things to remember to include. Mention what your loved one did for a living. Even if they have been retired for many years, it is important to list their occupation. List any associations the person may have had such as Lion's Club, volunteer fire department, or any clubs they may have participated in.

When listing surviving relatives, it is important to keep the list short and limited to the immediate family as there is not much space given to obituaries. Save the room for something personal about the person that you would want them to be remembered by. Remember, many acquaintances are going to learn about the death

of your loved one by reading the obituary, leave something touching there for them to keep.

Check over the obituary with a fine-toothed comb, making sure there are no typos or grammatical mistakes, be sure to include the person's age, or birthday and date of death and send your obituary to more than one paper. If your loved one had lived in another town or state for a portion of his life, send a copy to the newspapers in the other towns to notify people who may have knew him there.

People often save obituaries as remembrances of someone they loved, keep the obituary short but make sure it is something worthy of a scrap book and worthy of your loved ones' memory.

#### AN OBITUARY SAMPLE

BROWN, Edward Mike – (Retired) Decorated Metropolitan Toronto Police Officer) At Hillside Estates on November 14, 2003 at the age of 73. Beloved husband of Doreen (nee Barker) Dear father of Cindy Johnston (nee Barker), Bill Barker, Tom Barker. Brother-in-law of Joan and Wally Thomas. Friends may call at Oshawa Funeral Service 905-551-5623. Memorial donations to the Canadian Cancer Society.

#### Will & Power of Attorney IMPORTANT FACTS ABOUT MY WILL

Name: \_\_\_\_\_

My latest Will dated: \_\_\_\_\_  
Is deposited with: \_\_\_\_\_  
Address: \_\_\_\_\_

There are also copies with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Executor of my Will is: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My Power of Attorney is: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My Lawyer is: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

