



BAHÁ'Í FUNERAL PLANNING

NAME OF DECEASED	LAST NAME		DATE OF DEATH Month/Day/Year		
	FIRST & MIDDLE NAME(S)				
	PREFERRED NAME/PRONUNCIATION		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U/K <input type="checkbox"/> X		
PLACE OF DEATH	UNIT#	STREET ADDRESS			
	CITY	PROVINCE	POSTAL CODE		
	BC CARE CARD #		S.I.N. #		
RESIDENCY ADDRESS OF DECEASED	UNIT#	STREET ADDRESS			
	CITY	PROVINCE	POSTAL CODE		
	<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON-LAW				
MARITAL STATUS	IF MARRIED, SEPARATED OR WIDOWED, FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE				
OCCUPATION	PRIOR TO RETIREMENT		INDUSTRY		
BIRTHDATE/ BIRTHPLACE	BIRTHDATE - MONTH/DAY/YEAR	AGE	BORN: CITY/TOWN	PROVINCE/COUNTRY	
BIRTHNAME IF DIFFERENT	BIRTH LAST NAME		FIRST & MIDDLE NAME(S)		
PARENTS: FATHER	FATHER'S LAST NAME, FIRST & MIDDLE NAME(S)		BIRTHPLACE: CITY, PROVINCE, COUNTRY		
MOTHER	MOTHER'S MAIDEN NAME, FIRST & MIDDLE NAME(S)		BIRTHPLACE: CITY, PROVINCE, COUNTRY		
SURVIVING SPOUSE INFORMATION	FULL NAME		HOME #		
			CELL #		
	UNIT #	STREET ADDRESS			
	CITY/PROVINCE	POSTAL CODE	EMAIL ADDRESS		
RIGHT TO CONTROL	FULL NAME		HOME #		
			CELL #		
	UNIT #	STREET ADDRESS			
	CITY/PROVINCE	POSTAL CODE	EMAIL ADDRESS		
DOCTOR/CORONER	NAME & PHONE #		PHONE #		

FUNERAL SERVICES

FUNERAL DATE REQUEST

FUNERAL TIME REQUEST

BAHAI LOCAL REPRESENTATIVE
NAME ARRANGED BY FAMILY

PHONE #:

CASKET OPEN DURING SERVICE?

YES

NO

CEMETERY:

LIVESTREAM REQUESTED?

YES

NO

COMMENTS

NAME OF FUNERAL HOME

SPRINGFIELD FUNERAL HOME

NAME OF DIRECTOR

PHONE

NOTES

NAMES OF PALL
BEARERS:
