



# REYNARS FUNERAL HOME AND CREMATORIUM

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Telephone: 250-782-2424

Full Legal Name of Deceased: \_\_\_\_\_

Maiden Name if Applicable: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

Driver's Licence Number (Alberta Residents Only): \_\_\_\_\_

Aboriginal Status?  Yes Or  No Registration # \_\_\_\_\_

Usual Residence: \_\_\_\_\_  
(Actual address NOT mailing address. House number, road number or legal land description with postal code)

Years In Community: \_\_\_\_\_

Occupation (Before Retirement): \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Marital Status (check one):  Married  Widowed  Separated  Divorced  Common-Law  Never Married

Full Legal Name of Husband/Wife Maiden Name: \_\_\_\_\_

Full Legal Name of Father: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Full Legal Name of Mother Maiden Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

## Spouse's Information for Canada Pension Survivor's Pension Forms

Spouse's:  
Social Insurance Number: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(City) (Province/Country)

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

Is there a will? Name and Address of Executor (or if no will, Informant):

\_\_\_\_\_

