



ALTERNATIVES™
FUNERAL & CREMATION
SERVICES

Estate Assistance Kit Application Form

Please provide the following information:

A Name of Deceased:

B Address

C City, Province:

D Postal Code:

E Date of Birth:

F Date of Death:

G Social Insurance Number:

H Care Card Number:

I Executor Name:

J Executor Address:

K Executor City, Province:

L Executor Postal Code:

M Executor Phone Number:

N Executor Email:

O Survivor Name:

P Survivor's Social Insurance
Number:

After you have completed this form please fax it to: 250-554-3505