



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: 403-216-5110