

FILE # _____

VOYAGE 
FUNERAL HOME & CREMATORIUM

NAME OF DECEASED:

FIRST: _____ MIDDLE: _____ LAST: _____

RESIDENCE: _____

S.I.N. #: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ AGE: _____

PLACE OF DEATH: _____ DATE OF DEATH: _____

LEGAL MARITAL STATUS: PLEASE CIRCLE ONE OF THE FOLLOWING:

NEVER MARRIED / MARRIED / WIDOWED / DIVORCED / SEPARATED

FULL NAME OF SPOUSE:

_____ ****MAIDEN NAME:** _____

****ALL QUESTIONS BELOW PERTAIN TO THE DECEASED INDIVIDUAL****

OCCUPATION: _____ INDUSTRY OR BUSINESS: _____

FULL NAME OF FATHER: _____ PLACE OF BIRTH: _____

FULL & **MAIDEN** NAME OF MOTHER: _____ PLACE OF BIRTH: _____

DOES THE DECEASED HAVE A WILL? YES / NO

***EXECUTOR/EXECUTRIX ***

NAME: _____ RELATIONSHIP: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER(S): _____ CELL: _____

**** PLEASE INCLUDE AT LEAST ONE ALTERNATE PHONE NUMBER****

INFORMANT (IF DIFFERENT THAN EXECUTOR OR IF EXECUTOR DOESN'T EXIST)

NAME: _____ RELATIONSHIP: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER(S): _____ CELL: _____

E-MAIL: _____

OTHER CONTACT(S): _____

I _____, BELIEVE THE INFORMATION RECORDED ABOVE TO BE ACCURATE & TRUE. ADMIN FEES APPLY
IF INFORMATION IS INCORRECT. PLEASE REVIEW & SIGN IF APPROVED: _____ (SIGNATURE) _____ (DATE)

