## Blair & Son Funeral Directors

Pre-Arrangement Vital Statistics Record									
Last Name:		Social Insurance Number:							
First and Middle Names:								Sex: (M or F)	
Address:		Unit:		City:		Prov:		Postal Code:	
Telephone – H:	W	<sup>7</sup> :	Cell:		Email:	Email:			
Date of Birth: (d/m/y) Place of Birth – City:						Prov:		Country:	
Occupation:									
Marital or relationship status (check one) ☐ single ☐ married				☐ widowed ☐ divorced ☐ common-law ☐ same-sex partner					
Name of Spouse/Partner:				Spouse's Maiden Name:					
Name of Father:				Father's Place of Birth:					
Name of Mother:				Mother's Place of Birth:					
Next of Kin/Executor:				Relationship:					
Address:		Unit: City		:		Prov:		Postal Code:	
Telephone – H:	W:		l: E		Email:	Email:			
Questions/Notations:									