



175 Belvedere Ave., Charlottetown, PEI CIA 2Y9

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Owner: Faye Doucette

"Island Owned"

Date: _____
Client: _____
Address: _____

Arranger: _____
Charge to: _____
Address: _____

Postal Code: _____

Postal Code: _____

Telephone: _____

Telephone: _____ Sex: _____

Informant: _____

Place of Death: _____

Date of Death: _____

Occupation _____

HN: _____ - _____ - _____ SIN: _____ - _____ - _____

Place of Birth _____

Date of Birth: _____ Age: _____

Birth Place: _____

Father's name: _____

Birth Place: _____

Mother's name: _____

Spouse: _____

Marital Status: _____

CPP: Yes () No ()

Doctor or Coroner: _____

Place of Burial: _____

Date of Burial: _____

Opening & Closing Grave: _____

Cost: _____ Open () Covered ()

Cremation: yes () No () Place of Cremation: _____ Permission signed ()

Place of Visitation: _____

Time of Visitation: _____

Place of Service: _____

Date and Time: _____

Clergy: _____ Clergy fee: Yes () No () Amt: _____

Soloist: _____ Soloist fee: Yes () No () Amt. _____

Organist: _____ Picture for Paper: Yes () No ()

Hymns: _____

Memorial Donations: _____

Guardian: Yes () No () Other Papers: _____

CFCY: Yes () No () Website: Yes () No () Picture for web: Yes () No ()

Privacy Information: _____ Address: Yes () No ()

E-Mail: _____

Family Members:

Multiple horizontal lines for listing family members

Book: _____

Bulletins: Yes () No () How many _____

Tape Service: Yes () No ()

Legion: Yes () No () Flag: Yes () No ()

Readings: _____

DVA: _____

Honorary Pallbearers:

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Picture Board: Yes () No ()

Choices # _____ # _____

Funeral Write - Up: Yes () No ()

Other Service: _____

Prayers: () yes () no

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Pallbearers;

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Flowerbearers:

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Name | Phone |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Nametags: Yes () No ()

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Casket selected: _____

Price with Services: _____

Urn selected: _____

Price: _____

Cremation case selected: _____

Price: _____

Outer Case selected: _____

Price: _____

Notes:

Signature _____

Date _____