
#

L. I. F. E.

(Life Information For Emergencies)

Estate
Planner

#



Mount Pleasant Group

Care · Compassion · Choice

#

This L.I.F.E. Estate Planner has been recorded for:

#

and

Your L.I.F.E. (Life Information for Emergencies) Estate Planner is a confidential record of your personal vital information. It will be of value to you, your family, your lawyer, your executor, and the person holding your Power of Attorney. Immediately following a death, confusion often reigns. The number of decisions to be made, and the amount of information to be gathered at such a time can be overwhelming. The L.I.F.E. Estate Planner has been designed to provide you with a simple, yet effective method of making vital information available to those who will need it in the event of your death or debilitating illness. There is sufficient space within this planner for two people to record their personal statistics.

As with your Will, you should not keep your L.I.F.E. Estate Planner in a safe deposit box. It will be needed immediately following your death, and unless your safe deposit box is held jointly with another person, no-one will have access to it until after the estate is settled. Wherever you decide to keep your L.I.F.E. Estate Planner, do be sure that those who will need it will know where to find it.

Date Completed

(Note: Please review and update this information once every three to five years.)

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Record of Personal L.I.F.E.

(Life Information for Emergencies)

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Personal Statistics

These statistics will have to be provided to the funeral director at the time of death. Your loved ones/executor will find it helpful to have these details available.

Full Name:

Address:	City:
Province:	Postal Code:
Telephone No. (Res.):	Telephone No. (Bus.):
Social Insurance No.:	Health Card No.:
Birth Date:	Birthplace:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Name of Spouse: (Include maiden name if applicable)	
Date of Marriage:	Place of Marriage:
Name of Father:	Birthplace:
Maiden Name of Mother:	Birthplace:
Next-of-Kin:	Relationship:
Address:	
Postal Code:	Telephone No.:
Occupation and Title:	
Employer:	
Address:	
Postal Code:	Telephone No.:

Organization Affiliations

Name of Organization:	
Position or Office Held:	
Notify: <small>Name</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	at: <small>Telephone</small>
Death Benefits Payable:	
Name of Organization:	
Position or Office Held:	
Notify: <small>Name</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	at: <small>Telephone</small>
Death Benefits Payable:	
Branch of Military Service:	Unit or Regiment:
Date Entered Service:	Place:
Date of Discharge:	Place:
Theatre(s) of Service:	Final Rank:



Personal Statistics



These statistics will have to be provided to the funeral director at the time of death. Your loved ones/executor will find it helpful to have these details available.

Full Name:

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone No. (Res.): _____ Telephone No. (Bus.): _____

Social Insurance No.: _____ Health Card No.: _____

Birth Date: _____ Birthplace: _____

Marital Status: Single Married Separated Widowed Divorced

Name of Spouse: *(Include maiden name if applicable)* _____

Date of Marriage: _____ Place of Marriage: _____

Name of Father: _____ Birthplace: _____

Maiden Name of Mother: _____ Birthplace: _____

Next-of-Kin: _____ Relationship: _____

Address: _____

Postal Code: _____ Telephone No.: _____

Occupation and Title: _____

Employer: _____

Address: _____

Postal Code: _____ Telephone No.: _____

Organization Affiliations

Name of Organization: _____

Position or Office Held: _____

Notify: _____ at: _____

Death Benefits Payable: Yes No Name Telephone

Name of Organization: _____

Position or Office Held: _____

Notify: _____ at: _____

Death Benefits Payable: Yes No Name Telephone

Branch of Military Service: _____ Unit or Regiment: _____

Date Entered Service: _____ Place: _____

Date of Discharge: _____ Place: _____

Theatre(s) of Service: _____ Final Rank: _____

#

Children, Relatives and Friends

#

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Name:	Relationship:
Address:	
Postal Code:	Telephone No.:

Where to Locate Important Documents

The failure to locate important documents leads to the greatest loss of revenue to most estates. Specify the location of your important papers by checking the appropriate box.

	HOME	WORK	SDB†	LAWYER	OTHER*
Last will and Testament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificates: Mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Spouse's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Children's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premarital Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deed(s) to Home(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Mortgage or Lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill(s) of Sale or Title(s) to Automobile(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax Records, Bank Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock Certificates, Annuities, Bonds, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.I.C.s, Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Discharge Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship Papers, if Naturalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate(s) of Cemetery Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate(s) of Funeral Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Important Documents or Valuables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† SDB = Safe Deposit Box

* If you checked OTHER for any of the above documents, please specify location:

#

Personal Financial Data

#

Financial Institutions

Name and Address of Financial Institution:

Location of Deposit Books, Cheque Books and Statements:

Type and Number of Account (*Chequing, Savings, etc.*):

Name and Address of Financial Institution:

Location of Deposit Books, Cheque Books and Statements:

Type and Number of Account (*Chequing, Savings, etc.*):

Name and Address of Financial Institution:

Location of Deposit Books, Cheque Books and Statements:

Type and Number of Account (*Chequing, Savings, etc.*):

Safe Deposit Boxes

Located at:

Names and Addresses of Persons Familiar with Location of Keys to the Safe Deposit Box:

Located at:

Names and Addresses of Persons Familiar with Location of Keys to the Safe Deposit Box:

#

Personal Investment Data

#

Stocks, Bonds, GICs, Mutual Funds, RRSPs, Etc.

Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____
Investment: _____	
Held By: _____	Plan /Certificate No.: _____

Financial Consultant /Accountant: _____

Business Telephone No.: _____

Real Estate Investments *(Residence, Business, Cottage, Investment Property, etc.)*

Type of Property: _____	Purchase Date: _____
Address /Location: _____	
Name and Address of Mortgagor: _____	
Type of Property: _____	Purchase Date: _____
Address /Location: _____	
Name and Address of Mortgagor: _____	
Type of Property: _____	Purchase Date: _____
Address /Location: _____	
Name and Address of Mortgagor: _____	

Credit Data and Corporate Pensions

Credit Cards

Name of Credit Card Issuer: _____

Expiry Date: _____

Number: _____

Name of Credit Card Issuer: _____

Expiry Date: _____

Number: _____

Name of Credit Card Issuer: _____

Expiry Date: _____

Number: _____

Name of Credit Card Issuer: _____

Expiry Date: _____

Number: _____

Name of Credit Card Issuer: _____

Expiry Date: _____

Number: _____

Debts/Loans Outstanding: _____

Monies Owed to Me: _____

Corporate Pensions

Retired Employee: _____

Employer: _____

Financial Institution: _____

Policy/Plan No.: _____

Primary and Contingent Beneficiary: _____

Monthly Amount Payable: _____

Special Provision: _____

Active Employee: _____

Employer: _____

Insurer: _____

Policy/Plan No.: _____

Primary and Contingent Beneficiary: _____

Retired Employee: _____

Employer: _____

Financial Institution: _____

Policy/Plan No.: _____

Primary and Contingent Beneficiary: _____

Monthly Amount Payable: _____

Special Provision: _____

Active Employee: _____

Employer: _____

Insurer: _____

Policy/Plan No.: _____

Primary and Contingent Beneficiary: _____

#

Insurance

#

Life

Company:	_____	Amount:	_____
Policy No.:	_____	Primary Beneficiary:	_____
Telephone No.:	_____	Waiver of Premium:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double Indemnity:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Company:	_____	Amount:	_____
Policy No.:	_____	Primary Beneficiary:	_____
Telephone No.:	_____	Waiver of Premium:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double Indemnity:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Disability Income

Company:	_____	Amount:	_____
Policy No.:	_____	Primary Beneficiary:	_____
Telephone No.:	_____		

Health

Company:	_____	Amount:	_____
Policy No.:	_____	Primary Beneficiary:	_____
Telephone No.:	_____		

Home

Company:	_____	Amount:	_____
Policy No.:	_____	Primary Beneficiary:	_____
Telephone No.:	_____		

Automobile

Company:	_____	Amount:	_____
Policy No.:	_____	Primary Beneficiary:	_____
Telephone No.:	_____		

Wills and Powers of Attorney

The purpose of a Will is to give instructions for the disposition of your property following your death. It affords you the opportunity to appoint a personal representative (an Executor) to carry out your instructions, and correctly executed, provides a strong measure of protection for your family.

In the absence of a Will, application must be made to the courts to appoint an administrator to fulfill the duties otherwise performed by an Executor. This may well prove to be someone whom you would not have chosen to handle your affairs. Thus, it is vital that everyone have a Will. Before naming your Executor, discuss the matter with the person you have chosen to determine if he/she is willing to serve in that role.

In addition to a Will, it is advisable that you appoint a qualified person to hold your Power of Attorney. This need not be your Executor but, as with your Executor, should be someone you implicitly trust to make decisions on your behalf in the event you lose the ability to do so. In Ontario, it is necessary to issue a Power of Attorney to cover health matters, as well as financial matters. However, your designated Power of Attorney(s), should be made aware that the document is automatically revoked after the principal (you) dies. For both your own and your family's protection, please consult an attorney before drawing up a Will or appointing a Power of Attorney.

Please note that your funeral/cemetery arrangements should not be put in your will(s), as wills are typically not dealt with until after the funeral, Also, it is not advisable to keep your will in your safe deposit box because, unless it is held jointly with another person, no-one will have access to it until after the estate is settled.

Important Facts About My/Our Will(s)

Name: _____ My Current Will, dated: _____
is deposited with: _____
Address: _____
My Executor is: _____
Telephone No.: _____
My Power of Attorney is: _____
Telephone No.: _____
My Lawyer is: _____
Telephone No.: _____

Name: _____ My Current Will, dated: _____
is deposited with: _____
Address: _____
My Executor is: _____
Telephone No.: _____
My Power of Attorney is: _____
Telephone No.: _____
My Lawyer is: _____
Telephone No.: _____

#

Personal Medical Records

#

List all special medical problems such as drug allergies or high blood pressure. Indicate if you have a heart pacemaker, artificial implant or prosthesis, etc. Your funeral director will need this information.

Name:

Registered with *(Hospital)*:

Hospital Registration Card No.:

I have a pacemaker: Yes No

I have the following implant(s) and/or prostheses *(please specify)*:

Medical Problems:

My Doctor is: Telephone No.:

Address:

I am in favour of organ and tissue donation: Yes No *(see page 13)*

I have a Living Will: Yes No

My Living Will is located:

Name:

Registered with *(Hospital)*:

Hospital Registration Card No.:

I have a pacemaker: Yes No

I have the following implant(s) and/or prostheses *(please specify)*:

Medical Problems:

My Doctor is: Telephone No.:

Address:

I am in favour of organ and tissue donation: Yes No *(see page 13)*

I have a Living Will: Yes No

My Living Will is located:

Cemetery Arrangements

Pre-planning cemetery arrangements is one of the best gifts you can give to your loved ones. It alleviates the stress of making these decisions during a time of grief. It also gives your family and friends peace of mind, and ensures that you get what you want.

Name: _____

My cemetery services have been arranged with: _____ Cemetery

Address: _____ Telephone No.: _____

My cemetery services have not been arranged.

My preferred Cemetery is: _____

Address: _____ Telephone No.: _____

The items I have pre-arranged are:

Cremation Burial

- Cremation Lot
- Opening and Closing Fee - Cremation Lot
- Cremation Fee
- Cremation Vault
- Cremation Urn
- Cremation Memorial

Cremation Niche

- Columbarium Niche
- Opening and Closing Fee - Niche
- Cremation Fee
- Niche Urn
- Niche Memorial
- Niche Vase

Ground Burial

- Cemetery Lot
- Burial Vault
- Opening and Closing Fee - Casket or Urn
- Upright Monument
- Bronze Marker
- Granite Marker

Mausoleum Entombment

- Mausoleum Crypt
- Opening and Closing Fee - Crypt
- Crypt Memorial
- Vase
- Vesper Light
- Picture

Plot, Section or Building: _____

Lot, Niche or Crypt No.: _____

Certificate No.: _____

When services are required, the Funeral Home should be advised that you have pre-arranged your cemetery services.

Cemetery Arrangements

Pre-planning cemetery arrangements is one of the best gifts you can give to your loved ones. It alleviates the stress of making these decisions during a time of grief. It also gives your family and friends peace of mind, and ensures that you get what you want.

Name:

My cemetery services have been arranged with: _____ Cemetery

Address: _____ Telephone No.: _____

My cemetery services have not been arranged.

My preferred Cemetery is: _____

Address: _____ Telephone No.: _____

The items I have pre-arranged are:

Cremation Burial

- Cremation Lot
- Opening and Closing Fee - Cremation Lot
- Cremation Fee
- Cremation Vault
- Cremation Urn
- Cremation Memorial

Cremation Niche

- Columbarium Niche
- Opening and Closing Fee - Niche
- Cremation Fee
- Niche Urn
- Niche Memorial
- Niche Vase

Ground Burial

- Cemetery Lot
- Burial Vault
- Opening and Closing Fee - Casket or Urn
- Upright Monument
- Bronze Marker
- Granite Marker

Mausoleum Entombment

- Mausoleum Crypt
- Opening and Closing Fee - Crypt
- Crypt Memorial
- Vase
- Vesper Light
- Picture

Plot, Section or Building: _____

Lot, Niche or Crypt No.: _____

Certificate No.: _____

When services are required, the Funeral Home should be advised that you have pre-arranged your cemetery services.

Funeral Arrangements

Pre-planning funeral arrangements is one of the best gifts you can give to your loved ones. It alleviates the stress of making these decisions during a time of grief. It also gives your family and friends peace of mind, and ensures that you get what you want.

Name:

My funeral has been arranged with: _____ Funeral Home

Address: _____ Telephone No.: _____

My funeral has not been arranged _____

My preferred Funeral Home is:

Address: _____ Telephone No.: _____

My Wishes

Visitation: _____ Yes No

If yes: _____ Afternoon Evening Both

Embalming: _____ Yes No

Alternate Preparation: _____ Yes No

Open Casket: _____ Yes No

Type of Casket: _____

Wood (type): _____

Cloth (colour): _____

Metal (type): _____

Religious Service: _____ Yes No

Name of Church: _____

Address: _____ Telephone No.: _____

Funeral Home Chapel Service: _____ Yes No

Cemetery/Crematorium Chapel Service: _____ Yes No

Fraternal Service: _____ Yes No

Name of Organization: _____

Address: _____ Telephone No.: _____

Flowers: _____ Yes No

Charitable Donations in lieu of Flowers: _____ Yes No

Charity(s)/Association(s): _____

Eulogy by: _____ Telephone No.: _____

Other special wishes (i.e. music, poetry, etc.): _____

Pallbearers:

Funeral Arrangements

Pre-planning funeral arrangements is one of the best gifts you can give to your loved ones. It alleviates the stress of making these decisions during a time of grief. It also gives your family and friends peace of mind, and ensures that you get what you want.

Name:

My funeral has been arranged with: _____ Funeral Home

Address: _____ Telephone No.: _____

My funeral has not been arranged _____

My preferred Funeral Home is: _____

Address: _____ Telephone No.: _____

My Wishes

Visitation: _____ Yes No

If yes: _____ Afternoon Evening Both

Embalming: _____ Yes No

Alternate Preparation: _____ Yes No

Open Casket: _____ Yes No

Type of Casket: _____

Wood (type): _____

Cloth (colour): _____

Metal (type): _____

Religious Service: _____ Yes No

Name of Church: _____

Address: _____ Telephone No.: _____

Funeral Home Chapel Service: _____ Yes No

Cemetery/Crematorium Chapel Service: _____ Yes No

Fraternal Service: _____ Yes No

Name of Organization: _____

Address: _____ Telephone No.: _____

Flowers: _____ Yes No

Charitable Donations in lieu of Flowers: _____ Yes No

Charity(s)/Association(s): _____

Eulogy by: _____ Telephone No.: _____

Other special wishes (i.e. music, poetry, etc.): _____

Pallbearers: _____



Helpful Information



In the event of a death, survivors may be eligible to receive certain benefits, such as:

Canada Pension Plan Benefits After a Death

When your parent, spouse, or common-law partner dies, you may be eligible for benefits:

- **Allowance for the Survivor**
Provides a monthly non-taxable benefit to low-income widowed spouses who are not yet eligible for the Old Age Security pension.
- **Death benefit**
Provides a one-time payment to (or on behalf of) the estate of a deceased Canada Pension Plan contributor.
- **Survivor's pension**
Offers a monthly pension paid to the survivors of a deceased Canada Pension Plan contributor.
- **International benefits**
Provides survivor benefits to eligible individuals who have lived or worked in another country.
- **Children's benefit**
A monthly benefit for dependent children (under age 18 or between 18 and 25 and attending school) of a deceased Canada Pension Plan contributor.

Contact Service Canada for more information:

Web: www.servicecanada.gc.ca/eng/services/pensions/after-death.shtml

Toll-Free: 1-800-277-9914

TTY: 1-800-255-4786

Workplace Safety and Insurance Board

Family members who depended on the worker's earnings when he or she died, will receive survivor benefits.

- **Funeral and Transport Costs**
WSIB will pay all expenses reasonably connected to the burial or cremation as well as the costs of bringing your loved one home to be buried.
- **Bereavement Counselling**
WSIB offers surviving spouses and children supportive counselling by an experienced professional, within the first year following the worker's death.
- **Payments to Survivors**
WSIB pays survivors and/ or dependent children a lump sum and a continuing monthly payment, based on certain criteria.

Contact the WSIB for more information:

Web: www.wsib.on.ca

Address: 200 Front Street West, Toronto, Ontario M5V 3J1

Telephone: 416-344-1000 **Toll free:** 1-800-387-0750

TTY: 1-800-387-0050 **Fax:** 416-344-4684 or 1-888-313-7373



Helpful Information



Veterans Affairs Canada

- **Veterans Affairs Canada - Death Benefit**

Offers a lump sum when a Canadian Forces member dies in the line of duty.

- **Canadian Forces Income Support**

The Canadian Forces Income Support (CFIS) is a tax-free monthly benefit to help low-income CAF Veterans, survivors, and dependent children.

- **Funeral and Burial Assistance**

The Canadian Government has traditionally assumed responsibility for the burial of members of the Canadian Armed Forces who died during battle and, later, those who died as a result of war-related injuries. In the years following the end of the Second World War and the Korean War, benefits were expanded to Veterans who died without the financial means to provide for a dignified funeral and burial.

The Last Post Fund Corporation (LPF) has been mandated to deliver the program on behalf of Veterans Affairs Canada (VAC). The LPF is a non-profit organization which is closely associated with VAC and will provide, insofar as possible, an honourable funeral and burial, including a military style grave marker to eligible ex-service persons. For further information on the LPF please visit the website www.lastpostfund.ca.

- **Benefits for Survivors (of Disability Pension Recipients)**

A survivor's pension will be paid to the survivor of a disability pensioner commencing one year from the time of death.

The pensioner's benefits continue in full for the first year.

Contact Veterans Affairs Canada for more information:

Web: www.veterans.gc.ca/eng/services/financial

E-mail: information@vac-acc.gc.ca

Address: Veterans Affairs Canada, PO Box 6000, Matane, QC G4W 0E4

Telephone: 1-866-522-2122

What to do When a Death Occurs

Notify as Soon as Possible

- The doctor
- The funeral director
- The cemetery
- Relatives and friends
- Employers (both of the deceased and those relatives not going to work)
- Insurance agents (life, health and accident)
- Religious, fraternal, civic and veterans organizations, and unions
- Executor, lawyer and accountant

Secure Vital Statistics of Deceased

- Name, (including religious name, if any) home address and telephone number
- Length of residence at present address
- Name of business or employer's name, address and telephone number
- Occupation and title
- Social Insurance Number
- Military Service Serial Number
- Date and place of birth
- Citizenship
- Father's name and birthplace
- Mother's maiden name and birthplace

Decide and arrange Within a Few Hours

- Which funeral home to use
- Cemetery lot location; which space to open
- Casket type; cremation urn type
- Clothing for the deceased
- Vault or sectional crypt

- Type of service (religious, military, fraternal)
- Officiating clergy
- Place and time of service
- Pallbearers, music, flowers, scripture or other readings
- Charity to receive donations in lieu of flowers, if preferred

Pay For

- Cemetery and memorialization services
- Funeral arrangements, including clergy, florist and transportation
- Ambulance services, if any
- Current and urgent bills (i.e. mortgage, rent, taxes, telephone, etc.)

Collect Documents

(Required to establish rights for insurance, pensions, survivor benefits, ownership, etc.)

- Will
- Legal proof of age or Birth Certificate
- Social Insurance Card
- Marriage license
- Citizenship papers
- Insurance policies
- Bank books
- Deeds
- Car ownership papers
- Income tax returns, receipts or cancelled cheques
- Military discharge papers
- Cemetery interment rights certificate of ownership
- Funeral service pre-arrangement certificate



Notes



Cemeteries and Visitation Centres are owned and operated by Mount Pleasant Group of Cemeteries; Funeral Centres are owned and operated by Canadian Memorial Services.

Beechwood Cemetery

7241 Jane Street
Concord, Ontario L4K 1A7
905 669 1827
1 800 408 6033

Duffin Meadows Cemetery

2505 Brock Road North
R. R. 1
Pickering, Ontario L1V 2P8
905 427 3385

Elgin Mills Cemetery Cremation and Visitation Centre

1591 Elgin Mills Road East
Richmond Hill, Ontario L4S 1M9
905 737 1720
1 866 293 1257

Meadowvale Cemetery Cremation and Visitation Centre

7732 Mavis Road
Brampton, Ontario L6Y 5L5
905 451 3716

Mount Pleasant Cemetery Cremation and Visitation Centre

375 Mount Pleasant Road
Toronto, Ontario M4T 2V8
416 485 9129 Cemetery
416 485 5572 Visitation Centre

Pine Hills Cemetery and Visitation Centre

625 Birchmount Road
Scarborough, Ontario M1K 1R1
416 267 8229

Prospect Cemetery

1450 St. Clair Avenue West
Toronto, Ontario M6E 1C6
416 651 4040

The Simple Alternative Funeral Centres - Mississauga

1535 South Gateway Road
Mississauga, Ontario L4W 5J1
905 602 1580

The Simple Alternative Funeral Centres - Pickering

1057 Brock Road
Pickering, Ontario L1W 3T7
905 686 5589

The Simple Alternative Funeral Centres - Toronto

275 Lesmill Road
North York, Ontario M3B 2V1
416 441 1580

Thornton Cemetery and Cremation Centre

1200 Thornton Road
R. R. 1
Oshawa, Ontario L1H 7K4
905 579 6787

Toronto Necropolis

200 Winchester Street
Toronto, Ontario M4X 1B7
416 923 7911

York Cemetery and Visitation Centre

160 Beecroft Road
North York, Ontario M2N 5Z5
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