

Registration Form

Sudbury Park Lawn Cremation Service

My Funeral Choice: Just Cremation!

1.) Please have my body taken from the place of my death and brought directly to the Park Lawn Crematorium. I wish for no viewing ()

2.) I do not wish for any services ()

or

I wish for a celebration of my life to be held at: _____

3.) I want my ashes to go: _____

4.) I want an obituary notice Yes () No ()

Please register my requests:

Name: _____

Address: _____

Date of Birth: ____/____/____
(year/month/day)

Occupation: _____

Social Insurance Number: _____

Father's Name: _____ Birth Place: _____

Mother's Name: _____ Birth Place: _____

Spouse/Partner: _____

I have a will Yes () No ()

The executor or next of kin responsible for my arrangements is:

Name: _____

Address: _____

Phone Number: () _____ - _____

Email : _____

Please return this paper by:

Email: parklawn@lougheeds.ca - Fax 705-675-1329

Mail: 379 Horobin Street, P.O. Box 967 Stn. A

Sudbury, Ontario P3A 4S4 Phone: 705-586-2449

www.sudburyparklawncremationservice.com