



FUNERAL DIRECTOR \_\_\_\_\_

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FUNERAL CENTRE

File # (s) \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF DEATH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SURNAME GIVEN NAMES (FULL LEGAL NAME) MONTH DAY YEAR

REFERENCE \_\_\_\_\_ S.I.N. \_\_\_\_\_  
PRENEED, PUBLIC TRUSTEE, SOCIAL SERVICES, SHIP IN, SHIP OUT, LAST POST

PLACE OF DEATH \_\_\_\_\_  
NAME OF HOSPITAL OR EXACT LOCATION WHERE DEATH OCCURRED  
ADDRESS - CITY, TOWN, VILLAGE AND RURAL MUNICIPALITY, SECTION, TOWNSHIP, RANGE (IF RURAL)

USUAL RESIDENCE \_\_\_\_\_  
COMPLETE ADDRESS POSTAL CODE

MARITAL STATUS \_\_\_\_\_  
S - M - W - D FULL NAME OF HUSBAND OR MAIDEN NAME OF WIFE

OCCUPATION \_\_\_\_\_  
KIND OF WORK DONE - MOSTLY BUSINESS OR INDUSTRY IN WHICH WORKED

BIRTH DATE \_\_\_\_\_  
MONTH DAY YEAR AGE (UNDER 1 YR.) MONTHS. DAYS (UNDER 1 DAY) HOURS MINUTES

BIRTH PLACE \_\_\_\_\_  
CITY OR PLACE PROVINCE OR COUNTRY

FATHER \_\_\_\_\_  
SURNAME & GIVEN NAMES BIRTHPLACE-CITY OR PLACE -PROV. OR COUNTRY

MOTHER \_\_\_\_\_  
MAIDEN SURNAME & GIVEN NAMES BIRTHPLACE-CITY OR PLACE -PROV. OR COUNTRY

INFORMANT \_\_\_\_\_  
FULL LEGAL NAME RELATIONSHIP  
ADDRESS POSTAL CODE TELEPHONE

INTERMENT \_\_\_\_\_  
DATE DAY OF WEEK TIME OF DAY

VIEW / COMMITTAL \_\_\_\_\_  
DATE TIME PLACE

RECEPTION \_\_\_\_\_  
FOLLOWS SERVICE, FOLLOWS INTERMENT, NONE PLACE

SERVICE \_\_\_\_\_  
DATE DAY OF WEEK TIME OF DAY  
PLACE ADDRESS  
CLERGY ORGANIST  
SOLOIST OTHER (PIPER, CD'S, IPOD, ETC.)

AUTO EQUIPMENT \_\_\_\_\_  
LEAD CAR COACH  
PALLBEARERS CAR FAMILY CAR

BURIAL \_\_\_\_\_  
CEMETERY CREMATORIUM  
SECTION DISPOSITION - OWN / PURCHASE PLOT, WITH SPOUSE, ETC.