

A Simple Cremation *We keep it simple...*

#37 -22374 Lougheed Hwy., Maple Ridge, BC V2X 2T5

Call: 604-809-2006 Fax: 604-463-1923

e-mail: info@asimplecremation.ca Website: www.asimplecremation.ca

At Need Contract

File #

Name of Deceased	Surname and All Given Names		Gender	Date of Death
Place of Death	Name of Hospital or Institution or Address of Death			
	City		Postal Code	
Informational Address	Personal Health Number	Social Insurance Number	CPP Forms Presented <input type="checkbox"/> No <input type="checkbox"/> Yes	Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Complete Street Address			Did Deceased Live on Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City		Postal Code	
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other		Full Name Of Spouse (Former or Current): Include Maiden Name if Applicable	
Occupation	Kind of Work (Pre-Retirement)		Years	Kind of Business or Industry in Which Worked
Birth Date	Month	Day	Year	
Birthplace	City or Town		Province/State (Country) of Birth	
Father	Surname and Given Names of Father		Birthplace - City or Place, Province/State (Country)	
Mother	Maiden Surname and Given Names of Mother		Birthplace - City or Place, Province/State (Country)	
INDIVIDUAL HAVING ULTIMATE CONTROL OF DISPOSITION UNDER SECTION 5 OF THE CREMATION, INTERMENT AND FUNERAL SERVICES ACT				
Executor	Name of Executor		Relationship to Deceased	Phone Number(s)
	Address of Executor		Postal Code	Email Address
Next of Kin	Name of Individual		Relationship to Deceased	Phone Number(s)
	Address of Individual		Postal Code	Email Address
PROFESSIONAL FEE Includes in-home arrangement, documentation & registration, delivery of cremated remains & documents				\$
LOCAL TRANSFER of deceased from hospital or care facility				\$
ADDITIONAL KM fee if required \$ Extra Staff Charges (Specify) \$				\$
CREMATION FEE Including a simple cremation casket & simple plastic urn \$80.00' is subject to PST				\$
Death Registration Department of Vital Statistics CPBC Administration Fee*				\$

Options	Upgrade Casket*** (Specify)		Urn(s)*** Specify		\$
	Dressing \$	Witness Start \$	Viewing \$	Scattering \$	\$
	Priority Cremation \$		Other (specify)		\$

***Urns and Caskets are subject to GST & PST

I the executor/informant authorize the funeral home to embalm the remains of the deceased X _____
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_____ at \$27.00 each

Payment Method. Please circle:

Chq / Draft / Visa / MC / Cash _____

Expiry Date _____ Card Security Code _____

SUB-TOTAL	\$
GST	\$
PST	\$
Death Certificate(s)	\$
TOTAL CONTRACT	\$
Payment	\$
Balance**	\$

I, (print name) _____, by signing below,

confirm that the above information is correct & I accept full responsibility for complete payment of the above total upon signing this Contract.

I understand that I have 24 hours in which to cancel this contract, but I am responsible for payment of services provided before cancellation.

Dated at: _____, B.C. this _____ day of _____, 20_____

Signature X

Funeral Director:

*A funeral provider in the Province of BC must pay to the Consumer Protection B.C. (CPBC), as part of the fees payable for the funeral provider's license to operate, an administrative fee for each death registered in the Province of BC under the Vital Statistics Act by a funeral director employed by or under contract to the funeral provider.

*Embalming is not a legal requirement, but may be required in some cases (e.g. Transportation by air).

*Human remains will be stored at Maple Ridge Crematorium, 11969 – 216th Street, Maple Ridge, B.C., prior to cremation.

**Balance due at time of arrangement. Late payments are subject to a 2.0 % interest charge per month on the unpaid balance.