

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

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

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

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**At Need Contract**

**File #**

Name of Deceased	Surname		Gender	
	All Given Names		Date of Death	
Place of Death	Name of Hospital or Institution or address of death			
	City		Postal Code	
Residency Information and Usual Address	Personal Health Number		Social Insurance Number	
	Complete Street Address		Aboriginal? <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		Full Name Of Spouse (Former or Current): Include Maiden Name if Applicable	
	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other			
Occupation	Kind of Work (Pre-Retirement)		Years	Kind of Business or Industry in Which Worked
Birth Date	Month	Day	Year	Age
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)	
Informant	Name of Informant		Relationship to Deceased	
	Address of Informant		Postal Code	Phone Number(s)

**PROFESSIONAL FEE** Includes in-home arrangement, documentation & registration, delivery of cremated remains with D. C. \$ \_\_\_\_\_

**LOCAL TRANSFER** of deceased \$ \_\_\_\_\_

**Additional Km fee** if required \$ \_\_\_\_\_ **Extra Staff Charges (Specify)** \$ \_\_\_\_\_

**CREMATION FEE** Including a simple cremation casket & simple plastic urn \$ \_\_\_\_\_

Options	Upgrade Casket (Specify) _____ \$ _____	
	Urn(s) Specify _____ \$ _____	Dressing \$ _____
	Other (specify) _____ \$ _____	Witness Start \$ _____
	Priority Cremation \$ _____	Viewing \$ _____ Scattering \$ _____
<b>TOTAL OPTIONS \$</b>		

**SUB-TOTAL \$** \_\_\_\_\_

**Provincial Tax \$** \_\_\_\_\_

**Death Certificate(s) \$** \_\_\_\_\_

**Death Registration Department of Vital Statistics CPBC Administration Fee\*** \$ \_\_\_\_\_

**TOTAL CONTRACT \$** \_\_\_\_\_

Payment Method. Please circle:

Chq / Draft / Visa / MC / Cash \_\_\_\_\_

Payment \$ \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Card Security Code \_\_\_\_\_

Balance\*\* \$ \_\_\_\_\_

I, (print name) \_\_\_\_\_, confirm that the above information is correct & I accept full responsibility for complete payment of the above total upon signing this Contract.

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.