

My Personal Information

This form has been provided for your convenience. Should you wish to place this file on permanent record please contact Saamis Memorial Funeral Chapel (528-2599 or 1-800-317-2647) and one of our professional staff will assist you, or mail to: Saamis Memorial Funeral Chapel, #1 Dunmore Road S.E., Medicine Hat, Alberta T1A 1Z5.

Full name (first, middle, last): _____

Address: _____

City, Province, Postal Code: _____

Telephone number: _____

Date of birth: _____ Place of birth: _____

Alberta Health Care Number: _____ Driver's License Number: _____

Social Insurance Number: _____

Occupation: _____

Employed by or retired from: _____

Marital status: _____

Name of spouse (if wife, give maiden name): _____

Date of marriage: _____ Place of marriage: _____

Name of father: _____

Father's place of birth: _____ Surviving: Yes No

Name of mother: _____

Mother's place of birth: _____ Surviving: Yes No

Religious affiliation: _____

Children (include names, spouses, addresses and telephone numbers): _____

Military service (include branch and rank) _____

Date of enlistment/Date of discharge: _____

Fraternal, service and union memberships: _____

Special recognitions: _____