



# FAMILY RECORDS GUIDE



**This Family Records Guide was provided by  
The Catholic Cemeteries of the Diocese of Hamilton**

FOR

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Date Completed

# ABOUT THE FAMILY RECORDS GUIDE

## A Message from The Catholic Cemeteries

After the death of a loved one, family or friends often face a very difficult task in gathering and organizing the personal and financial records of the deceased. Even the most organized individuals tend to keep records in a variety of places and often personal or family information is not written down at all.

Yet within hours of a death, a variety of information is needed for the preparation of a death certificate, burial permit, newspaper announcements, planning the funeral and more. From the immediate task of writing the death notice to the longer-term responsibility of settling an estate, detailed information is required and accuracy is essential.

This Family Records Guide aims to make that task easier by providing you with a place to record vital personal and financial information that will one day be needed by your survivors. By filling out the Guide and keeping it up to date, you will provide your family and friends with an easily accessible reference that will help them at a difficult time. Having your information recorded in this Guide provides you with peace of mind, knowing that you are making things a bit easier for your loved ones. We recommend that you tell your next-of-kin that this Guide exists and where it is kept.

Ideally, using the Family Records Guide is part of your overall pre-need planning. The Catholic Cemeteries strongly believes in, and encourages pre-planning of funeral and burial arrangements. We have seen families struggle when little or nothing is known about what their loved one wanted. We also see families find peace and comfort when they know they are carrying out their loved one's plans and wishes.

We can help you make funeral and burial arrangements in advance with straightforward advice and planning assistance, and we encourage you to use the Family Records Guide to record all arrangements and other pertinent information. Please call us at 905-522-7727, or 1-800-661-5985.

**John O'Brien**, *Managing Director*  
*The Catholic Cemeteries of The Diocese of Hamilton*

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# LOCATION OF IMPORTANT DOCUMENTS

Full Name \_\_\_\_\_

Date of Will \_\_\_\_\_

Location of Will \_\_\_\_\_

Name of Executor \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Lawyer \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Fill in the appropriate code letter in the box, indicating the location of important papers

S - Safety Deposit Box   H - Home (please specify)   B - Business   L - Lawyer   O - Other (please specify)

Life Insurance Policies

Accident and Health Policies

House Insurance

Vehicle Insurance

Birth Certificate

Marriage Certificate

Citizenship Papers

Social Insurance Card

Tax Returns (should be kept for seven years)

Copy of Mortgage or Lease

Deed to Home

Promissory Notes

Financial Investment Statements

Certificate of Ownership for Cemetery Lot or Mausoleum Crypt

Other (specify) \_\_\_\_\_

\_\_\_\_\_

# PERSONAL INFORMATION AND HISTORY

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Birthplace \_\_\_\_\_  
City/Town Province/State Country

Date of Birth \_\_\_\_\_  
Day Month Year

Social Insurance Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Marriage \_\_\_\_\_  
Day Month Year Location

Previous Marriages \_\_\_\_\_  
Name of Former Spouse From To

Name and Birthplace of Father \_\_\_\_\_

Name and Birthplace of Mother \_\_\_\_\_

Name and Birthplace of Children

Name	Birthplace	Phone Number
------	------------	--------------

Name	Birthplace	Phone Number
------	------------	--------------

Name	Birthplace	Phone Number
------	------------	--------------

Name	Birthplace	Phone Number
------	------------	--------------

Name	Birthplace	Phone Number
------	------------	--------------

Name	Birthplace	Phone Number
------	------------	--------------

**Professional Information**

Company \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Jobs Held

Company \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Professional Achievements \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schools Attended**

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Degrees/Diplomas \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities/Volunteer Work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Club Memberships/Affiliations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PEOPLE TO NOTIFY IN THE EVENT OF DEATH

## Relatives

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

## Friends

Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number

## Other (clubs, associations)

Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number
Name/Phone Number	Name/Phone Number

# FUNERAL/MEMORIAL INSTRUCTIONS

I have pre-arranged my funeral with \_\_\_\_\_  
Funeral Home Name

\_\_\_\_\_

Address	City/Prov.	Phone Number
---------	------------	--------------

If funeral home arrangements have not already been made, please fill out the following information:

Preferred Funeral Home \_\_\_\_\_  
Funeral Home Name

\_\_\_\_\_

Address	City/Prov.	Phone Number
---------	------------	--------------

Visitation  Yes  No

Casket to be  Open  Closed

Type of Casket  Wood  Metal

Clothing to be Worn \_\_\_\_\_

\_\_\_\_\_

Jewelry to be Worn \_\_\_\_\_

\_\_\_\_\_

Jewelry  To stay on  To be given to (for safekeeping) \_\_\_\_\_

Wedding Ring  To stay on  To be given to (for safekeeping) \_\_\_\_\_

Funeral Service to be  Open  Private

Service to be Held

Church \_\_\_\_\_

Funeral Home Chapel \_\_\_\_\_

Other \_\_\_\_\_

Memorial Service After Cremation

Held at \_\_\_\_\_

Preferred Clergy to Officiate \_\_\_\_\_  
Name Phone Number

Songs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Pallbearers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Readings or Scripture to be Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favourite Charities for 'In Memoriam' Donations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I would like:     In-Ground Burial     Mausoleum Crypt  
 Cremation with Burial of Cremated Remains  
 Cremation with Niche Entombment of Cremated Remains

Preferred Crematorium (If not pre-arranged/paid) \_\_\_\_\_  
\_\_\_\_\_

Preferred Catholic Cemetery/Mausolea (If not pre-arranged/paid) \_\_\_\_\_  
\_\_\_\_\_

Please check off the following supplies and services that have been pre-paid or need to be arranged:

- |                                 |                                   |   |
|---------------------------------|-----------------------------------|---|
| Burial Lot                      | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Entombment Crypt                | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Cremation                       | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Burial Lot for Cremated Remains | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Niche for Cremated Remains      | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Cremation Urn                   | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Monument or Marker              | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |
| Inscription of Memorial         | <input type="checkbox"/> Pre-paid | <input type="checkbox"/> Needs to be Arranged |

Type of Memorial: (If not pre-arranged/paid)

Upright Monument    Flat Marker    Other \_\_\_\_\_

Inscription \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FINANCIAL INFORMATION & ASSETS

Safety Deposit Box Located at \_\_\_\_\_

\_\_\_\_\_

Address	City/Prov.	Phone Number
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Location of Key \_\_\_\_\_

\_\_\_\_\_

Address	City/Prov.	Phone Number
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## Bank Accounts

Bank \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Branch Name \_\_\_\_\_

\_\_\_\_\_

Address	City/Prov.	Phone Number
---------	------------	--------------

Bank \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Branch Name \_\_\_\_\_

\_\_\_\_\_

Address	City/Prov.	Phone Number
---------	------------	--------------

Bank \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Branch Name \_\_\_\_\_

\_\_\_\_\_

Address	City/Prov.	Phone Number
---------	------------	--------------

## Pensions, Investments, Insurance and Other Assets

Do You Belong to a Company Pension Plan?  Yes  No

Name of the Plan \_\_\_\_\_

Account # \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

Canada Pension Plan Collector?  Yes  No If Yes,  Contributor or  Survivor

Old Age Security Collector?  Yes  No If Yes,  Contributor or  Survivor

Do You Collect a Pension from Another Country?  Yes  No (If yes, details) \_\_\_\_\_

\_\_\_\_\_

Do You Have a Registered Savings Plan, Income Fund or Annuity?  Yes  No

Please provide details of the plans (where they are and the beneficiaries):

Company \_\_\_\_\_ Plan # \_\_\_\_\_  
Plan Owner \_\_\_\_\_ Current  
Beneficiary \_\_\_\_\_ Approximate  
Value \_\_\_\_\_  
Beneficiary's Phone Number \_\_\_\_\_  
Location \_\_\_\_\_

Company \_\_\_\_\_ Plan # \_\_\_\_\_  
Plan Owner \_\_\_\_\_ Current  
Beneficiary \_\_\_\_\_ Approximate  
Value \_\_\_\_\_  
Beneficiary's Phone Number \_\_\_\_\_  
Location \_\_\_\_\_

Company \_\_\_\_\_ Plan # \_\_\_\_\_  
Plan Owner \_\_\_\_\_ Current  
Beneficiary \_\_\_\_\_ Approximate  
Value \_\_\_\_\_  
Beneficiary's Phone Number \_\_\_\_\_  
Location \_\_\_\_\_

Company \_\_\_\_\_ Plan # \_\_\_\_\_  
Plan Owner \_\_\_\_\_ Current  
Beneficiary \_\_\_\_\_ Approximate  
Value \_\_\_\_\_  
Beneficiary's Phone Number \_\_\_\_\_  
Location \_\_\_\_\_

*Assets and Investments* (bonds, stocks, mutual funds, GICs, monies owed to you and secured by mortgage or otherwise, interest in any trust or estate)

Asset \_\_\_\_\_ Date Acquired \_\_\_\_\_

Owner \_\_\_\_\_ Original Cost \_\_\_\_\_

Current Approximate Value \_\_\_\_\_

Asset \_\_\_\_\_ Date Acquired \_\_\_\_\_

Owner \_\_\_\_\_ Original Cost \_\_\_\_\_

Current Approximate Value \_\_\_\_\_

Asset \_\_\_\_\_ Date Acquired \_\_\_\_\_

Owner \_\_\_\_\_ Original Cost \_\_\_\_\_

Current Approximate Value \_\_\_\_\_

Asset \_\_\_\_\_ Date Acquired \_\_\_\_\_

Owner \_\_\_\_\_ Original Cost \_\_\_\_\_

Current Approximate Value \_\_\_\_\_

Asset \_\_\_\_\_ Date Acquired \_\_\_\_\_

Owner \_\_\_\_\_ Original Cost \_\_\_\_\_

Current Approximate Value \_\_\_\_\_

Investment Company(s) Where Securities Are Held \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Location of Documents \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance**

*Life Insurance Policies*

Company_____	Policy#_____	Type of Policy_____
Name of Insured_____		Face Amount_____
Beneficiaries_____		Cash Value_____
_____	Phone Number_____	
_____	Phone Number_____	

Company_____	Policy#_____	Type of Policy_____
Name of Insured_____		Face Amount_____
Beneficiaries_____		Cash Value_____
_____	Phone Number_____	
_____	Phone Number_____	

Company_____	Policy#_____	Type of Policy_____
Name of Insured_____		Face Amount_____
Beneficiaries_____		Cash Value_____
_____	Phone Number_____	
_____	Phone Number_____	

**Real Estate**

*Principal Residence* \_\_\_\_\_  
Address \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Type of Ownership  Joint  Sole  Other \_\_\_\_\_

Approximate Current Value of Property \_\_\_\_\_ Original Cost \_\_\_\_\_ When Purchased \_\_\_\_\_

Mortgage(s) with \_\_\_\_\_ Approx. Amount \_\_\_\_\_

*Secondary Residence* \_\_\_\_\_  
Address \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Type of Ownership  Joint  Sole  Other \_\_\_\_\_

Approximate Current Value of Property \_\_\_\_\_ Original Cost \_\_\_\_\_ When Purchased \_\_\_\_\_

Mortgage(s) with \_\_\_\_\_ Approx. Amount \_\_\_\_\_

Rental, Investment or Other Property \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Type of Ownership  Joint  Sole  Other \_\_\_\_\_

Approximate Current Value of Property \_\_\_\_\_ Original Cost \_\_\_\_\_ When Purchased \_\_\_\_\_

Mortgage(s) with \_\_\_\_\_ Approx. Amount \_\_\_\_\_

### Personal Property

Do You Own Any Other Significant Personal Assets (e.g. high value artwork, jewelry, boats) ?

Yes (describe asset)  No

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Location of Certificates of Ownership \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Business

Business Name (in full) \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_

Type of Ownership:  Corporation (% of ownership) \_\_\_\_\_

Partnership (% of ownership) \_\_\_\_\_

Sole Proprietor \_\_\_\_\_

Approximate Current Value of Your Business Interest \_\_\_\_\_ as at \_\_\_\_\_

# PROFESSIONAL ADVISORS

## Lawyer

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## Accountant

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## Insurance Agent

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## Personal Financial Advisor

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## Family Physician

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## Clergy

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Church \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

## Other (specify) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

# DIRECTORY OF THE CATHOLIC CEMETERIES

## **Acton**

St. Joseph Catholic Cemetery,  
at Regional Road 12 and Dublin Line  
Call 519-836-8814 or 1-800-661-5985

## **Ancaster**

Resurrection Catholic Cemetery,  
Garner Road West (Highway 53)  
Call 905-304-9138 or 1-800-661-5985

## **Brantford**

Holy Cross Catholic Cemetery, Governor's Road  
Call 519-442-2608 or 1-800-661-5985

St. Joseph Catholic Cemetery, at King George  
and St. Paul Avenue  
Call 519-752-5525 or 1-800-661-5985

## **Burlington**

Gate of Heaven Catholic Cemetery, Old York Road  
Call 905-522-7727 or 1-800-661-5985

Holy Sepulchre Catholic Cemetery, Plains Road  
Call 905-522-7727 or 1-800-661-5985

## **Dundas**

St. Augustine's Catholic Cemetery, East Street  
Call 905-522-7727 or 1-800-661-5985

## **Elora**

St. Mary Immaculate and St. Joseph Catholic Cemetery  
Elora Road  
Call 519-836-8814 or 1-800-661-5985

## **Freelton**

Our Lady of Mount Carmel Catholic Cemetery  
Freelton Road  
Call 905-522-7727 or 1-800-661-5985

## **Guelph**

Marymount Catholic Cemetery, Highway 6 North  
Call 519-836-8814 or 1-800-661-5985

St. Joseph Catholic Cemetery, Westmount Road  
Call 519-836-8814 or 1-800-661-5985

## **Paris**

Sacred Heart Catholic Cemetery, Rest Acres Road  
Call 519-442-2608 or 1-800-661-5985

## **Stoney Creek**

Our Lady of the Angels Catholic Cemetery, Mud Street  
Call 905-643-0189 or 1-800-661-5985

## **Waterdown**

St. Thomas Catholic Cemetery, Highway 5  
Call 905-522-7727 or 1-800-661-5985

## **MAUSOLEA**

### **Brantford**

Our Lady of the Assumption Mausoleum,  
Governor's Road  
Call 519-442-2608 or 1-800-661-5985

### **Burlington**

Holy Souls Mausoleum, Plains Road  
Call 905-522-7727 or 1-800-661-5985

Our Lady of Victory Mausoleum, Plains Road  
Call 905-522-7727 or 1-800-661-5985

### **Guelph**

Our Lady Immaculate Mausoleum, Highway 6 North  
Call 519-836-8814 or 1-800-661-5985

### **Stoney Creek**

Our Lady of the Angels Mausoleum, Mud Street  
Call 905-522-7727 or 1-800-661-5985

## **CREMATORIUM**

### **Brantford**

Holy Cross Catholic Cremation Centre,  
Governor's Road  
Call 519-442-2214 or 1-800-661-5985





**600 Spring Gardens Road  
Burlington, ON L7T 1J1**

**T: 905-522-7727**

**F: 905-522-5742**

**Toll-free: 1-800-661-5985**

**[www.thecatholiccemeteries.ca](http://www.thecatholiccemeteries.ca)**