



FAMILY RECORDS GUIDE



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

FOR

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
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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