

INFORMATION AND DOCUMENTS TO BRING FOR THE APPOINTMENT

Please inform the hospital or establishment where the person passed away that the Coopérative funéraire de l'Outaouais funeral home will be taking charge of the deceased.

DECEASED BIRTH INFORMATION:

Date of birth _____

Place of birth [city] _____

Parent's names _____

CIVIL REGISTRY INFORMATION:

Place and date of marriage information and/or date of divorce [if applicable].

Refer to the complete list of information required to supply amongst the other documents

Social insurance card [deceased and spouse] _____

Health card [deceased and spouse] so the family councillor can cancel it;

Valid Quebec's driver's license number [if applicable] _____

Valid passport so the family councillor can cancel it [if applicable] _____

Firearms license number and card so the family councillor can cancel it [if applicable] _____

Native Status card & registry number, name of tribe and registration number so the family councillor can cancel it [if applicable] _____

Worker's compensation number CNESST [if applicable] _____

Name of cemetery and plot number [if applicable] _____

LIST FAMILY MEMBER'S NAMES TO WRITE THE OBITUARY

If you have any questions, please don't hesitate to contact a family counselor at 819-568-2425 or familles@cfo.coop

