



**CITY OF PRINCE ALBERT  
SOUTH HILL CEMETERY  
NEXT OF KIN FORM**

1084 Central Avenue  
Prince Albert SK S6V 7P3  
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Email: [csd@citypa.com](mailto:csd@citypa.com)

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Funeral Home: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_

Service Time: \_\_\_\_\_

Plot Location: \_\_\_\_\_

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**NEXT OF KIN:**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ P.C.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Relation to Deceased: \_\_\_\_\_

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**FOR THE INTERMENT OF:**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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**PLACE OF DEATH:**

Name of Hospital or Institution: \_\_\_\_\_

City: \_\_\_\_\_