



City of
**Prince
Albert**

SOUTH HILL CEMETERY NEXT OF KIN FORM

1084 Central Avenue
Prince Albert SK S6V 7P3
Phone: (306) 953-4800
Fax: (306) 953-4915
Email: csd@citypa.com

Funeral Home: _____ Contact Name: _____
Date of Funeral: _____ Phone No.: _____
Service Time: _____ Plot Location: _____

NEXT OF KIN:

First Name(s): _____ Last Name: _____
Address: _____ City: _____
Province: _____ P.C.: _____ Phone No.: _____
Relation to Deceased: _____ Email: _____
Executor: _____ Phone No.: _____
(If different from above)

FOR THE INTERMENT OF:

First Name(s): _____ Last Name: _____
Address: _____ City/P.C.: _____
Occupation: _____ Date of Death: _____
Age: _____ Male Female
Birthplace: _____ Birthdate: _____
Spouse's Name: _____
Mother's Name: _____ Father's Name: _____
(Maiden Name)

PLACE OF DEATH:

Location: _____
City/Province: _____