



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

1084 Central Avenue
Prince Albert SK S6V 7P3
Telephone: (306) 953-4800
Fax No.: (306) 953-4915

Funeral Home: _____

Date of Funeral: _____

Service Time: _____

Plot Location: _____

NEXT OF KIN:

Surname: _____

Given Names: _____

Address: _____

City: _____

Province: _____ P.C.: _____

Phone No.: _____

Relation to Deceased: _____

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: _____

PLACE OF DEATH:

Name of Hospital or Institution: _____

City: _____