



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](mailto:csd@citypa.com)

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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: \_\_\_\_\_