



# Dwayne D. Budgell

## FUNERAL HOME LIMITED

1105 Rest Acres Rd.  
Paris, Ontario N3L 3E3  
Telephone: (519) 442-2200

### PREARRANGEMENT INFORMATION SHEET

Name \_\_\_\_\_

Burial or Cremation \_\_\_\_\_

Cemetery Address \_\_\_\_\_

Lot No. \_\_\_\_\_

Clergy Name(s) \_\_\_\_\_

Type of Funeral Service:

\_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Memorial

Service To Be Held:

\_\_\_\_\_ At Funeral Home \_\_\_\_\_ At Church

If At Church, indicate Church Name \_\_\_\_\_

Visitation Schedule \_\_\_\_\_

Prefer Casket to be \_\_\_\_\_ open or \_\_\_\_\_ closed for family

Prefer Casket to be \_\_\_\_\_ open or \_\_\_\_\_ closed for friends

As an expression of sympathy, I prefer Memorial Donations to:

Casket Selected \_\_\_\_\_

Vault/Liner or Urn Selected \_\_\_\_\_

Musical Requests \_\_\_\_\_

Jewelry Instructions \_\_\_\_\_

Place of Employment and Duration \_\_\_\_\_

Lodges/Clubs/Military Service \_\_\_\_\_

Newspaper Notice Instructions \_\_\_\_\_

Which newspapers to contact? \_\_\_\_\_

Is there a Will? \_\_\_\_\_ (Yes/No)

Complete the following (if you wish):

Name of Lawyer \_\_\_\_\_

Executor of Will/Estate \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funeral Director

\_\_\_\_\_  
Date