



Funeral Form

Date Deceased Name Cooks Ferry Band or Siska Band

Client Name Relation to the Deceased

Client Information

Home Phone Cell Phone Email Address

Mailing Address

City Province Postal Code

Other/Special Requests

I am authorized on behalf of the next of kin to
collect funeral donations

Signature

I _____ (print client name) accept a \$300 cheque donation from the
Heskwen'scutxe Health Services Society to help cover the costs of the funeral.

Client Signature: _____

Date: _____

Finance Signature: _____

Date: _____