



RCMP NOVA SCOTIA VETERANS' ASSOCIATION FUNERAL CHECK SHEET

DECEASED MEMBER'S FULL NAME: _____

DOB: ___/___/___; DOD: ___/___/___; REG#: _____; SIN#: ___/___/___

VAC "K" # _____ RCMP PENSION # _____ YEARS OF SERVICE: _____

DIVISION(S) SERVED: _____

1. CONTACT FAMILY TO PASS ON CONDOLENCES ON BEHALF OF THE PRESIDENT OF THE VETERAN'S ASSOCIATION.

2. OBTAIN THE FOLLOWING INFORMATION:

• FAMILY CONTACT PERSON: _____ TEL#: _____

• NAME OF SURVIVING SPOUSE: _____

• ADDRESS: _____ TEL#: _____

3. DETERMINE THE FOLLOWING:

➤ ARE THE VETERANS' AND CANADIAN FLAGS REQUESTED Y N

➤ IS PALL REQUESTED Y N PALL STAND Y N

➤ HONOUR GUARD REQUESTED Y N

➤ REQUEST FOR ONE (1) MEMBER IN RED SERGE Y N

➤ REQUEST FOR RCMP CHAPLIN Y N RCMP CHAPLIN CONTACTED Y N

➤ REQUEST PERMISSION TO SEND MESSAGE OF THE PASSING OF THE MEMBER Y N

➤ ADVISE FAMILY OF FORCE POLICY RE: REGIMENTAL MARKERS AT PUBLIC EXPENSE
Y N

➤ ADVISE FAMILY OF THE PLACEMENT OF THE RCMP VETERNAS CREST AT THE
BOTTOM OF THE OBITUARY (PAID FOR BY THE ASSOCIATION) Y N

Note this service only applies if the obituary is placed in the Chronicle Herald. A receipt will be required and only the cost of the crest is to be claimed.

➤ ADVISE FAMILY OF SUPPORT AND ADVOCACY ASSISTANCE ie: PENSIONS etc. Y N

➤ ADVISE THE FAMILY THAT A DONATION WILL BE MADE TO ANY CHARITY BY THE
ASSOCIATION. **NAME OF CHARITY** _____

A copy of the obituary must be provided to the Treasure for accounting and audit purposes.

➤ NAME AND ADDRESS OF FUNERAL HOME RESPONSIBLE FOR THE ARRANGEMENTS:

➤ **WILL THERE BE VISITATION:**

WHERE AND WHEN: _____

➤ **WILL THERE BE A CHURCH SERVICE:**

CHURCH ADDRESS, DATE AND TIME: _____

FUNERAL HOME SERVICE:

ADDRESS: _____

DATE AND TIME: _____

➤ **BURIAL:**

NAME OF CEMETARY: _____

ADDRESS, DATE AND TIME: _____

➤ **OTHER REQUESTS OF THE FAMILY ie: VETERANS ATTEND BURIAL etc:**

4. IF RED SERGE ATTENDENCE IS REQUESTED, CONTACT THE MASTER-AT-ARMS VIA E-MAIL WITH ALL THE PARTICULARS OF THE FUNERAL ARRANGEMENTS. THE MASTER-AT-ARMS WILL CONTACT THE DIVISION SGT MAJOR VIA EMAIL WITH THE REQUEST AND CC A COPY TO THE REGIONAL DIRECTOR. REQUEST A CONFIRMATION THAT A MEMBER WILL ATTEND OR NOT. Y N

RETAIN A COPY OF THE EMAIL Y N

5. OBTAIN A COPY OF OBITUARY Y N

6. IF FAMILY AGREES, PREPARE AND FORWARD A MESSAGE TO THE SECRETARY OF THE ASSOCIATION OUTLINING THE FUNERAL ARRANGEMENTS, VISITATIONS AND BURIAL INFORMATION FOR DISTRIBUTION TO THE ASSOCIATION MEMBERSHIP (OR OTHER DIVISION(S) MEMBERSHIP) VIA MAIL CHIMP.

DATE SENT: _____ COPY ATTACHED Y N

MEMBER CONTACTING FAMILY: _____

DATE: _____

RETAIN A COPY OF THE CHECK SHEET AND ALL EMAILS FOR FUTURE REFERENCES