



**LAST POST FUND**  
FONDS DU SOUVENIR

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## PRELIMINARY INFORMATION – UNMARKED GRAVE PROGRAM

This **information sheet** is a tool to assist with gathering information needed for an application under the Unmarked Grave Program. **Please fill in as much information as is available** and return to Last Post Fund (LPF) to initiate an official application.

The **Unmarked Grave Program** places military gravestones for former members of the Canadian Armed Forces (or Allied Veterans interred in Canada) deceased over 5 years with no other grave marking.

### VETERAN INFORMATION:

DATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_

SURNAME AT BIRTH: \_\_\_\_\_ (Indicate maiden name or other name that he/she served under)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

PROOF OF DEATH?  HAVE  NOT AVAILABLE SERVICE DOCUMENT?  HAVE  NEED ASSISTANCE

WHERE SERVED-WW1, WW2, KOREA, REGULAR FORCE, ALLIED FORCES, ETC: \_\_\_\_\_

RANK: \_\_\_\_\_ SERVICE UNIT: \_\_\_\_\_

ENLIST DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ INDIGENOUS VET: \_\_\_\_\_

### BURIAL AND GRAVE MARKER DATA:

CASKET BURIAL  CREMATION

CEMETERY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

BURIAL DATE: \_\_\_\_\_ OWNER OF PLOT: \_\_\_\_\_

GRAVE ID: (SECTION, LOT, GRAVE #, ETC): \_\_\_\_\_

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_ RELATION TO VETERAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NOTES: \_\_\_\_\_