



LAST POST FUND
FONDS DU SOUVENIR

Unmarked Grave Program Preliminary Information Sheet

Veteran Information:

Surname:	Given Name(s):
Maiden Name/Alias:	Service Number:
Date of Birth:	Place of Birth:
Date of Death:	Place of Death:
Proof of Death: Yes No	Proof of Service: Yes No
Period of Service:	Religion:
Rank:	Service Unit:
Date of Joining:	Date of Release:
For an Indigenous Veteran, please provide traditional name (if available):	
Remarks: *WHERE AVAILABLE, PLEASE INCLUDE SUPPORTING DOCUMENTS WITH FORM SUBMISSION	

Burial & Grave Marker Data:

Cemetery:	
Address:	
Contact person:	Email:
Phone:	Fax:
Type of Burial: Casket Cremation Unknown	
Burial Date:	Owner of plot:
Grave ID (Section, Lot, Grave #, Etc.)	
Remarks:	

Applicant Information:

Name:	Relation to Veteran:
Phone:	Email:
Address:	
Date of Submission:	

This information sheet is a tool to assist with gathering information needed for an application under the Unmarked Grave Program. Please complete and return to the Last Post Fund to initiate an official application.

Please include all available supporting documents (birth and death certificates, proof of service) when submitting this form.

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www.lastpostfund.ca/www.fondsdusouvenir.ca