



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 Enlistment:	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: I confirm there is no permanent marker on the grave site for this Veteran.			

Applicant Information:

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

If the application is made on behalf of family, please provide their name, telephone and email:

This information sheet is a tool to assist with gathering information needed for an application under the Unmarked Grave Program. Please include all available supporting documents (birth and death certificates, proof of service) when submitting this form.

330-6600 Trans-Canada Hwy. • Pointe-Claire QC • H9R 4S2 • Toll Free: 1-800-465-7113 • Fax: 1-866-867-8023

Email: ugp@lastpost.ca

www.lastpostfund.ca