

REGISTRATION OF DEATH

(INFORMATION FOR VITAL STATISTICS AGENCY)

NAME OF DECEASED	SURNAME (Print or type)	SEX			DATE OF DEATH		
	ALL GIVEN NAMES (Print or type)	M <input type="checkbox"/>	F <input type="checkbox"/>	U/K <input type="checkbox"/>	MONTH (By name)	DAY	YEAR
PLACE OF DEATH	NAME OF HOSPITAL OR INSTITUTION (Otherwise give location where death occurred)						POSTAL CODE
	CITY, TOWN OR OTHER PLACE (by Name)						
RESIDENCY INFORMATION AND USUAL ADDRESS	PERSONAL HEALTH NUMBER			SOCIAL INSURANCE NUMBER			ABORIGINAL?
							<input type="checkbox"/> YES <input type="checkbox"/> NO
	COMPLETE STREET ADDRESS (if rural, give exact location-Not Post Office or Rural Route Address)						IF YES, DID DECEASED LIVE ON RESERVE?
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY / TOWN OR OTHER PLACE			PROVINCE / STATE (Country)			POSTAL CODE	
MARITAL STATUS	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED			IF MARRIED, WIDOWED, SEPARATED OR DIVORCED, GIVE FULL NAME OF SPOUSE, INCLUDE MAIDEN NAME IF APPLICABLE			
	<input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER						
OCCUPATION	KIND OF WORK		YEARS	KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED			
BIRTHDATE	MONTH (by Name)	DAY	YEAR	AGE (YEARS)	IF UNDER 1 YEAR MONTH (by Name)	DAYS	IF UNDER 1 DAY HOURS
							MINUTES
BIRTHPLACE	CITY, TOWN OR OTHER PLACE			PROVINCE / STATE, COUNTRY OF BIRTH			
BIRTHNAME IF DIFFERENT	SURNAME (Print or Type)			ALL GIVEN NAMES (Print or Type)			
FATHER	SURNAME AND GIVEN NAMES OF FATHER (Print or Type)			BIRTHPLACE – CITY OR PLACE, PROVINCE / STATE, COUNTRY			
MOTHER	MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type)			BIRTHPLACE – CITY OR PLACE, PROVINCE / STATE, COUNTRY			
INFORMANT	NAME OF INFORMANT (Print or Type)			DATE GIVEN (By name) MONTH DAY YEAR		RELATIONSHIP TO DECEASED	
	ADDRESS OF INFORMANT (Print or Type)					POSTAL CODE	

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY:

DISPOSITION	TYPE OF DISPOSITION			BURIAL PERMIT NUMBER		DATE OF BURIAL/DISPOSITION		
	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER (Specify):					MONTH	DAY	YEAR
FUNERAL DIRECTOR	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION						CLIENT NUMBER	
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION						POSTAL CODE	
	TELEPHONE NUMBER				FACSIMILE NUMBER			
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