

VITAL STATISTICS

INFORMATION REQUIRED AT TIME OF DEATH

PLEASE PRINT CLEARLY

Date of Death _____

Name, with all given names _____
The name provided must be the same as that on the Birth Certificate.

Birth name if different _____

Mailing Address _____

Street Address _____

Phone _____ Birthdate with month by name _____ Sex M F

Birthplace with city, province, country _____

Mother's maiden name and given names _____

Mother's birthplace _____

Father's surname and given names _____

Father's birthplace _____

Occupation: kind of work done during most of life _____

type of business or industry _____

Marital Status never married married separated

divorced widowed other

Full name of spouse with woman's birth name _____

Personal Health Number _____ Social Insurance Number _____

Aboriginal Registration Number _____ DVA Serial Number _____

Family Physician name _____ Phone _____

Address _____

Next-of-kin or Executor name _____ Phone _____

Address _____

OR name _____ Phone _____

Address _____

Funeral Provider _____

Time & Place of Funeral or Cremation _____