



**REGISTRATION OF DEATH**  
 (INFORMATION FOR VITAL STATISTICS AGENCY)

NAME OF DECEASED	SURNAME (Print or type)		SEX Male <input type="checkbox"/> Female <input type="checkbox"/> U/K <input type="checkbox"/>			DATE OF DEATH						
	ALL GIVEN NAMES (Print or type)					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)											
	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 <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER			IF MARRIED, WIDOWED, SEPARATED OR DIVORCED, GIVE FULL NAME OF SPOUSE, INCLUDE MAIDEN NAME IF APPLICABLE								
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 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER (Specify):			BURIAL PERMIT NUMBER			DATE OF BURIAL/DISPOSITION MONTH DAY YEAR (By name)		
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION						CLIENT NUMBER		
FUNERAL DIRECTOR	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION						POSTAL CODE		
	TELEPHONE NUMBER ( ) -				FACSIMILE NUMBER ( ) -				