

**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 \_\_\_\_\_ Male \_\_\_\_\_ Female

Birthplace with city, province, country \_\_\_\_\_

Mothers maiden name and given names \_\_\_\_\_

Mothers birthplace \_\_\_\_\_

Fathers surname and given names \_\_\_\_\_

Fathers 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 and Place of Funeral or Cremation \_\_\_\_\_

