

PROVINCIAL REGISTRATION OF DEATH- DIVISION OF VITAL STATISTICS

NAME	SURNAME			ALL GIVEN NAMES		
USUAL RESIDENCE	COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural route address)					
	CITY, TOWN OR OTHER PLACE (by name)			POSTAL CODE		PROVINCE (or country)
	HEALTH CARD NO.			S.I.N.		SEX M <input type="checkbox"/> F <input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE		
OCCUPATION	KIND OF WORK DONE DURING MOST OF WORKING LIFE			KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED		
BIRTHDATE	MONTH (by name), DAY, YEAR OF BIRTH					
BIRTHPLACE	CITY TOWN OR OTHER PLACE			PROVINCE (or country) OF BIRTH		
FATHER	SURNAME AND GIVEN NAMES OF FATHER			BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY		
MOTHER	MAIDEN AND GIVEN NAMES OF MOTHER			BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY		
EXECUTOR OR NEXT-OF-KIN	NAME			ADDRESS		
	POSTAL CODE	TELEPHONE NO.		E-MAIL	RELATIONSHIP TO DECEASED	
ALTERNATE CONTACT	NAME			ADDRESS		
	POSTAL CODE	TELEPHONE NO.		E-MAIL	RELATIONSHIP TO DECEASED	

ADDITIONAL INFORMATION: _____



ALTERNATIVES™
FUNERAL & CREMATION
SERVICES

Signature: _____

Date: _____ Phone# _____