

# REGISTRATION OF DEATH

NAME OF DECEASED	SURNAME <i>(Print or Type)</i>		SEX		DATE OF DEATH	
	ALL GIVEN NAMES <i>(Print or Type)</i>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U/K		MONTH   DAY   YEAR <i>(By Name)</i>	
PLACE OF DEATH	NAME OF HOSPITAL OR INSTITUTION <i>(Otherwise give exact location where death occurred, address)</i>					POSTAL CODE
	CITY, TOWN OR OTHER PLACE <i>(By Name)</i>					
RESIDENCY INFORMATION AND USUAL ADDRESS	PERSONAL HEALTH NUMBER		SOCIAL INSURANCE NUMBER		ABORIGINAL ?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COMPLETE STREET ADDRESS <i>If rural give exact location (Not Post Office or Rural Route address)</i>					IF YES, DID DECEASED LIVE ON RESERVE?
						<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY, TOWN OR OTHER PLACE <i>(by Name)</i>		PROVINCE/STATE <i>(Country)</i>		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   DAY   YEAR <i>(By Name)</i>		AGE ( YEARS )	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 1 DAY HOURS   MINUTES	
BIRTHPLACE	CITY, TOWN OR OTHER PLACE		PROVINCE/STATE <i>(Country)</i> OF BIRTH			
BIRTHNAME IF DIFFERENT	SURNAME <i>(Print or Type)</i>		ALL GIVEN NAMES <i>(Print or Type)</i>			
FATHER	SURNAME AND GIVEN NAMES OF FATHER <i>(Print or Type)</i>		BIRTHPLACE – CITY OR PLACE, PROVINCE/STATE <i>(Country)</i>			
MOTHER	MAIDEN SURNAME AND GIVEN NAMES OF MOTHER <i>(Print or Type)</i>		BIRTHPLACE – CITY OR PLACE, PROVINCE/STATE <i>(Country)</i>			
INFORMANT	NAME OF INFORMANT <i>(Print or Type)</i>					RELATIONSHIP TO DECEASED
	ADDRESS OF INFORMANT					POSTAL CODE