

REGISTRATION OF DEATH

(INFORMATION FOR VITAL STATISTICS AGENCY)



NAME OF DECEASED	SURNAME (Print or type)		SEX M F U/K <input type="radio"/> <input type="radio"/> <input type="radio"/>			DATE OF DEATH MONTH DAY YEAR		
	ALL GIVEN NAMES (Print or type)							
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="radio"/> YES <input type="radio"/> NO		
	COMPLETE STREET ADDRESS (if rural, give exact location-Not Post Office or Rural Route Address)					IF YES, DID DECEASED LIVE ON RESERVE? <input type="radio"/> YES <input type="radio"/> NO		
	CITY / TOWN OR OTHER PLACE (by Name)		PROVINCE / STATE (Country)			POSTAL CODE		
MARITAL STATUS	<input type="radio"/> NEVER MARRIED <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED <input type="radio"/> 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	AGE (YEARS)	IF UNDER 1 YEAR MONTH DAYS		IF UNDER 1 DAY HOURS MINUTES	
BIRTHPLACE	CITY, TOWN OR OTHER PLACE			PROVINCE / STATE, COUNTRY OF BIRTH				
BIRTHNAME IF DIFFERENT	SURNAME		ALL GIVEN NAMES					
FATHER	SURNAME AND GIVEN NAMES OF FATHER			BIRTHPLACE - CITY OR PLACE, PROVINCE / STATE, COUNTRY				
MOTHER	MAIDEN SURNAME AND GIVEN NAMES OF MOTHER			BIRTHPLACE - CITY OR PLACE, PROVINCE / STATE, COUNTRY				
INFORMANT	NAME OF INFORMANT			DATE GIVEN MONTH DAY YEAR		RELATIONSHIP TO DECEASED		
	ADDRESS OF INFORMANT					POSTAL CODE		

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY:

DISPOSITION	TYPE OF DISPOSITION Cremation		BURIAL PERMIT NUMBER		DATE OF BURIAL/DISPOSITION MONTH DAY YEAR		
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION Okanagan Investment Group Inc. Crematorium				CLIENT NUMBER		
FUNERAL DIRECTOR	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION Prime Cremation #2-4417 29th Street Vernon, BC V1T 5B7				POSTAL CODE		
	TELEPHONE NUMBER 250-545-7944		FACSIMILE NUMBER 250-558-0882				