



REGISTRATION OF DEATH

DOCUMENT CONTROL NUMBER
(Office Use Only)

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THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS
DO NOT USE RED OR GREEN INK
(See reverse for legal requirements under the Vital Statistics Act)
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information

NAME OF DECEASED	SURNAME <i>(Print or Type)</i>		SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U/K		DATE OF DEATH MONTH DAY YEAR <i>(By Name)</i>	
	ALL GIVEN NAMES <i>(Print or Type)</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	FOR B.C. RESIDENTS, PERSONAL HEALTH NUMBER MUST BE PROVIDED		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 <i>(By Name)</i>	DAY	YEAR	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	

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION	TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER <i>(SPECIFY):</i>		BURIAL PERMIT NUMBER	DATE OF BURIAL / DISPOSITION	MONTH DAY YEAR <i>(By Name)</i>
	NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION				
FUNERAL DIRECTOR	NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS <i>(Print or Type)</i>				CLIENT NO.
	ADDRESS				POSTAL CODE
	TELEPHONE NUMBER: () -		FACSIMILE NUMBER: () -		

NOTATIONS

CERTIFICATION OF VITAL STATISTICS REGISTRAR	I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT:					BRITISH COLUMBIA
	Month <i>(By Name)</i>	Day	Year	SIGNATURE OF VITAL STATISTICS REGISTRAR		VITAL STATISTICS REGISTRAR NO.

PERSONAL PARTICULARS

FUNERAL DIRECTOR INFORMATION

PURPOSE: To provide accurate personal particulars of the deceased. This is the responsibility of the funeral director who represents the survivors of the deceased or the informant.

- PROCESS:**
- 1) The form is completed by the funeral director and the informant.
 - 2) The funeral director must obtain the completed medical certificate of death from the attending physician or coroner.
 - 3) Both forms, personal particulars of the deceased and medical certificate of death, **MUST** be presented to a Vital Statistics Registrar of Births, Deaths and Marriages before a burial permit may be issued.
 - 4) Until the burial permit has been issued disposal of the body may not take place.

PROTECTION OF PRIVACY STATEMENT

The information on this form is collected under the authority of the *Vital Statistics Act (RSBC 1996, c 479 s 17)*. The information provided will be used to register this death, produce death certificates and provide statistical and demographic information required for the administration of the Health Care system. If you have any questions about collection and use of this information contact a Vital Statistics representative in your area or write to the mailing address given below.

Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

NOTE: For further information contact the Vital Statistics Agency

CONTACT US FOR SERVICE OR GENERAL INFORMATION	
MAILING ADDRESS & TELEPHONE NUMBER	VITAL STATISTICS AGENCY OFFICES
Vital Statistics Agency PO Box 9657 Stn Prov Govt Victoria BC V8W 9P3 GENERAL INQUIRIES: 250 952-2681 Website: www.vs.gov.bc.ca	Victoria Location: 818 Fort Street Victoria BC V8W 1H8 Kelowna Location: 101 - 1475 Ellis Street Kelowna BC V1Y 2A3 Vancouver Location: 250 - 605 Robson Street Vancouver BC V6B 5J3