

Application for Death Documents

This information is collected in accordance with the Vital Statistics Act and Regulations. It is required by Vital Statistics to complete the request and may be used for statistical purposes or delivering joint provincial and federal programs. Collection is authorized under s. 33(a) and (c) of the Freedom of Information and Protection of Privacy Act. Questions about the collection can be directed to Vital Statistics at vs@gov.ab.ca or 780-427-7013 (toll free 310-0000 within Alberta).

Applications cannot be faxed or emailed to the agents. Applications mailed directly to Vital Statistics will NOT be processed.

IMPORTANT: To avoid delays, read the Information Sheet and Eligibility Information <u>BEFORE</u> completing this application.

			•	•		he docume	nt(s) requested below and	any correspon	dence (if ne	ecessary).	
ELIGIBLE APPLICANT'S INFORMATION (Complete all areas of this section in Full Name of Eligible Applicant (See Eligibility Information)						full) State Your Relationship to Person Named on Certificate					
Full Name of Engible Applicant (See Engibility Information)						Relationship	to reison named on certific	ale			
Suite/Apt No.	Complete Street		City/Towr	 n/Village/Ham	 Village/Hamlet Province/Cou			Postal/Zip	Code		
Applicant's Teler	hone				Applicant's	Email Addre	ess				
Mail Documents	and any Corresp	ondence (if	applicable) to:	Date Signed			Signature of Applicant				
			rnate Address w)	Month/Day/Year	Month/Day/Year		X				
ALTERNATE	MAILING ADD	RESS IF D	DIFFERENT FROM A	BOVE (If this secti	ion applies,	please con	nplete in full)				
C/O Name (if diff	erent from applic	ant)					·				
City (Taylor)						lot	Province/C	ountry	Postal/Zip (Codo	
Suite/Apt No.	Complete Street Address			City/Town/Village/Hamlet			Frovince/C	ountry	rusiai/Zip (Code	
	espondence (if	applicable	e) will be mailed direct	y to the address s	selected abo	ve regardle	ess of the certificate delive	ery option requ	uested at th	ne registry	
agent office.											
TYPE OF DOCUMENT Quantity				Quantity		Quantity				Quantity	
Death Certificate		Quantity	Certified Copy of Reg	ı	Quantity	Certified Copy of Medical Certificate of Death			Quantity		
DEATH DETA	ILS The inform	mation you	provide above must b	e complete to ens	sure a succe	essful searc	ch.			-	
Last Name of De	ceased (at time of	of death)		(Given Name(s	;)					
(Provide last nai	me at birth or afte	er adoption/l	egal change of name)								
\bigcirc M \bigcirc I	F Date of Death			Place of Death	ace of Death (City/Town/Village/Hamlet)				Province		
○ x	Monti	Month by name Day							Alberta		
Age of Deceased	f Deceased Marital Status of Deceased Never Married Married Comm) Widowed Divo	orced			
Deceased's Usual Residence (at time of death)						Deceased's Date of Birth					
(province/country)						Month by name Day Year				ar	
Only comp	lete the secti	on below	if you are providin	g your consent	to a desigi	nated age	nt to apply on your bel	nalf (see Info	rmation S	Sheet).	
APP	LICANT'S C	ONSENT	TO DESIGNATED	AGENT	D	ESIGNAT	TED AGENT'S STATU	TORY DECI	ARATIO	N	
I,											
-£	Full Name of Applicant				Full Name of Designat			ated Agent			
of Street Add	eet Address City/Town/Village		own/Village/Hamlet	of Street	t Address		City/	Town/Village	e/Hamlet		
Province/Count	rv	Postal/Zi	n Code	Phone Number	Province/0	Country	Postal/Zip Code		Phone Nu	ımher	
give my cons	•				_	-					
of		Full N	lame of the Designated A	gent	do solem		Designated Agent's Relations that I am 18 years of age			/n	
Street Add	ress		City/To	own/Village/Hamlet	-	,	, ,		or		
Danis and Court		D4-1/7:	- 0-4-	Dhara Niverkan	-	Ful	I Name of the Applicant				
Province/Count	•	Postal/Zi	p Code s) to make this applica	Phone Number	X		Signature of Designate	od Agont			
Wildin i nave	MIOWIT 101	ycar(o) to make this applied	addit off fifty bending	1	l hefore me		•		Alberta	
X							e at			Aineila	
		Signature	of Applicant		_			,			
					X	Signature of	Commissioner for Oaths/Not	ary Public in an	d for Alberta		
						-ignature Or	- Commissioner for Came/NO				

DVS11164D Rev. 2020-02 Page 3 of 3 Public (when completed)