



# 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 **BEFORE** completing this application.

**PRINT CLEARLY** - The information you provide will be used to process your request and mail the document(s) requested below and any correspondence (if necessary).

### ELIGIBLE APPLICANT'S INFORMATION (Complete all areas of this section in full)

Full Name of Eligible Applicant (See Eligibility Information)		State Your Relationship to Person Named on Certificate		
Suite/Apt No.	Complete Street Address	City/Town/Village/Hamlet	Province/Country	Postal/Zip Code
Applicant's Telephone		Applicant's Email Address		
Mail Documents and any Correspondence (if applicable) to:		Date Signed	Signature of Applicant	
<input type="radio"/> Applicant's Address (above) OR <input type="radio"/> Alternate Address (below)		Month/Day/Year	X	

### ALTERNATE MAILING ADDRESS IF DIFFERENT FROM ABOVE (If this section applies, please complete in full)

C/O Name (if different from applicant)				
Suite/Apt No.	Complete Street Address	City/Town/Village/Hamlet	Province/Country	Postal/Zip Code

**NOTE:** All correspondence (if applicable) will be mailed directly to the address selected above regardless of the certificate delivery option requested at the registry agent office.

### TYPE OF DOCUMENT

Death Certificate	Quantity	Certified Copy of Registration of Death	Quantity	Certified Copy of Medical Certificate of Death	Quantity
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### DEATH DETAILS The information you provide above must be complete to ensure a successful search.

Last Name of Deceased (at time of death)		Given Name(s)		
<i>(Provide last name at birth or after adoption/legal change of name)</i>				
<input type="radio"/> M <input type="radio"/> F <input type="radio"/> X	Date of Death	Place of Death (City/Town/Village/Hamlet)	Province	
	Month by name   Day   Year		Alberta	
Age of Deceased	Marital Status of Deceased			
	<input type="radio"/> Never Married <input type="radio"/> Married <input type="radio"/> Common Law <input type="radio"/> Widowed <input type="radio"/> Divorced			
Deceased's Usual Residence (at time of death)		Deceased's Date of Birth		
<i>(province/country)</i>		Month by name   Day   Year		

Only complete the section below if you are providing your consent to a designated agent to apply on your behalf (see Information Sheet).

APPLICANT'S CONSENT TO DESIGNATED AGENT	DESIGNATED AGENT'S STATUTORY DECLARATION
I, _____ Full Name of Applicant	I, _____ Full Name of Designated Agent
of _____ Street Address City/Town/Village/Hamlet	of _____ Street Address City/Town/Village/Hamlet
Province/Country Postal/Zip Code Phone Number	Province/Country Postal/Zip Code Phone Number
give my consent to _____ Full Name of the Designated Agent	Designated Agent's Relationship to Applicant
of _____ Street Address City/Town/Village/Hamlet	do solemnly declare that I am 18 years of age or older and have known
Province/Country Postal/Zip Code Phone Number	_____ for _____ year(s).
whom I have known for _____ year(s) to make this application on my behalf.	Full Name of the Applicant
X	X
Signature of Applicant	Signature of Designated Agent
	Declared before me at _____ Alberta
	dated _____
	X
	Signature of Commissioner for Oaths/Notary Public in and for Alberta