

INFORMATION NEEDED FOR A REGISTRATION OF DEATH



The following information is required to complete a Registration of Death when someone has already passed away. This Death Registration Form is for making final cremation arrangements only, i.e. the person these arrangements are for has already died.

592 Clearwater Way
Coquitlam, BC
V3C 5W4

Phone: 604-488-9839

Fax: Please call for number
www.abasiccremation.ca

Full Legal Name: _____

Sex: _____

Date of Death: _____

Place of Death: _____

Remains Now At: _____

Care Card#: _____

Sin#: _____

Last Address: _____

Marital Status: _____

Spouse's Legal Name (With applicable maiden surname): _____

Deceased's Longest Occupation/Industry : _____

Date of Birth: _____

Father's Legal Name: _____

Mother's Legal Name (With applicable maiden surname): _____

Mother's Place of Birth: _____

Attending Doctor/Coroner: _____

Attending Doctor/Coroner Telephone: _____

Legal Representative (Executor/Next-of-kin) : _____

Legal Representative Address : _____

Legal Representative Telephone : _____

Legal Representative Email Address: _____

Additional Comments: