BEAR CREEK
•FUNERAL HOME•

Ph. 780-830-7742
Fax. 780-830-7743
info@bearcreekfuneral.com

Vital Statistics Information

Full Legal Name (include last name at time of birth)			Gender Male ☐ Female ☐ Unknown ☐	Date Information Gathered Name of Physician:
Date of death			Type of Location (circle): Home Nursing Home Auxiliary Hospital Hospital Other	Disposition (circle): Burial ☐ Cremation ☐
Place of Death (address)			Date of Birth	Age
Place of Birth			Social Insurance Number	
Drivers Licence Number			Alberta Health Care Number	
Legal Marital Status (Never married, Married, Divorced, Widowed, Unknown) If currently living common-law, please provide status from previous relationship/s			Full name of spouse (incl. maiden name if applicable), date and place of birth	Wedding Date
Spouse's SIN	Birth Date	Birth Place	Adult Interdependent Relationship (common-law, if applicable)	
Usual Permanent address at time of death			Occupation Business	
Mother's full name (incl. maiden name)			Father's full name	
Birthplace of Mother			Birthplace of Father	
Name of Informant Executor? YES ☐ NO ☐			Phone for Informant	
Address of Informant			Email Address (Vital Statistics, cards, obituary and ATTR): Photocopy of ID: Yes No Relationship:	