

Please complete this form and submit via:

- Phone: 1 905 349 3254 / FAX: 1 866 209 4714
- Mail: PO Box 344, Port Hope, Ontario, L1A 3W4
- Email: cbr@canada-bereavement-registry.ca **OR**
- On-line: www.canada-bereavement-registry.ca/individuals

Deceased Person's Information – Please Print Clearly

First Name:	Middle Name:
Last Name:	Other Name:
Street Address:	Unit/Suite:
City/Town:	Province:
Post Code:	Phone Number:
Date of Birth:	Date of Death:
Email Address:	

Your Information – Please Print Clearly

First Name:	Last Name:
Email Address:	

Your Relationship to the Deceased

Spouse <input type="checkbox"/>	Partner <input type="checkbox"/>	Parent <input type="checkbox"/>	Grandchild <input type="checkbox"/>
Grandparent <input type="checkbox"/>	Child <input type="checkbox"/>	Executor <input type="checkbox"/>	Funeral Home <input type="checkbox"/>
New Occupier <input type="checkbox"/>	Friend <input type="checkbox"/>	Other Family Member <input type="checkbox"/>	Other <input type="checkbox"/>

Life Insurance and Pension Benefit Checks – Contact Details

First Name:	Last Name:
Phone Number or Email Address:	

Consent

I, the personal representative of the deceased, agree to personal information concerning the deceased person being provided to Canada Bereavement Registry solely to enable it to remove the above details of the deceased from certain databases and files, to prevent marketing. I also agree to this information to be used for other reasons that benefit the deceased such as locating life insurance policies and pensions.

Signature:	Date:
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