Clear Choice Cremations

Registration of Death

Deceased Surname: _____ Given Names_____

Date of Death: _____ Sex: Select One File # _____

Place of Death (Address): _____

Birth Date: _____ Age _____

Birthplace City: _____Province: _____ Country: _____

BC Resident ☐ Non-Resident ☐ Personal Health Number: _____

S.I.N. _____Aboriginal Status? ☐ Registration Number:_____

Residence: _____

Kind of Work: _____Number of Years_____ Kind of Business: _____

Birthname if different: Surname:_____ Given Names: _____

Father - Full Name: _____ Birthplace: _____

Mother – Full Maiden Name:_____ Birthplace: _____

Marital Status: _____ Married Date/Place_____

Spouse: Maiden Name: _____ SIN_____

Spouse DOB: _____Birthplace:_____

Informant Full Name: _____ Relationship To Deceased: _____

Informant Phone: _____ Email:_____

Informant Address: _____

Secondary Contact: _____

Disc#_____ Disposition Date_____ Death Certificates: _____ Certified: _____

Physician: _____ Clinic: _____

Registration #: _____ MCOD# _____

Disposition Permit #_____ Coroner File #:_____