



**APPLICATION FOR DEATH CERTIFICATE**

*Please read instructions carefully and print clearly. Incomplete applications WILL NOT be processed.  
If boxes marked with an “\*” are not filled in, your application is incomplete.*

<b>ORDER DETAILS</b>	1 <b>PRODUCT DETAILS</b>							
	<i>Type of Product Requested</i>		<i>*Quantity</i>	<i>Type of Product Requested</i>		<i>*Quantity</i>		
	Framing Size Certificate (\$25.00)			Certified Photocopy of Registration of Death (\$50.00)				
			Genealogical Photocopy of Registration of Death (\$50.00)					
<b>DEATH DETAILS</b>	2 <b>DETAILS OF PERSON NAMED ON CERTIFICATE [“Subject”]</b>							
	3 <i>*Subject's Last Name at Death</i>		4 <i>*Subject's First Given Name</i>		5 Subject's Second Given Name(s)			
	6 Subject's Last Name at Birth		7 <i>*Subject's Sex</i> <input type="checkbox"/> Female <input type="checkbox"/> Male		8 <i>*Subject's Date of Death</i> - Month/Day/Year			
	9 <i>*Subject's Place of Death</i> - City/Town/Village/Other , Saskatchewan				10 Death Registration Number			
	11 Subject's Date of Birth - Month/Day/Year		12 Subject's Place of Birth - City/Town/Village/Other AND Province/State AND Country		13 <i>*Subject's Age at Death</i>			
	14 Subject's Address Prior to Death – Street Address AND City/town/Village/Other AND Province/State AND Country				15 <i>*Subject's Marital Status</i> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law			
	16 Subject's Spouse's Last Name at Birth		17 Spouse's First Given Name		18 Spouse's Second Given Name(s)		19 Spouse's Current Last Name	
20 Common Law Spouse's Last Name at Birth		21 Common Law Spouse's First Given Name		22 Common Law Spouse's Second Given Name(s)		23 Common Law Spouse's Current Last Name		
24 Subject's Mother's Last Name at Birth		25 Mother's First Given Name		26 Mother's Second Given Name(s)		27 Mother's Current Last Name		
28 Mother's Place of Birth – City/Town/Village/Other AND Province/State AND Country								
29 Subject's Father's Last Name At Birth		30 Father's First Given Name		31 Father's Second Given Name(s)		32 Father's Current Last Name		
33 Father's Place of Birth – City/Town/Village/Other AND Province/State AND Country								
<b>FOR OFFICE USE ONLY</b>								
34 Reg Date:					Reg #:			
Date Received:					Date of Pick-Up:			
<b>APPLICANT DETAILS MAILING ADDRESS DETAILS</b>	35 <b>THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE DEATH CERTIFICATE [“Applicant”]</b> <i>*A readable photocopy of the Applicant's identification MUST be attached to this Application for Death Certificate.</i>							
	36 <i>*Applicant's First Given Name</i>		37 Applicant's Second Given Name(s)		38 <i>*Applicant's Current Last Name</i>			
	39 <i>*Mailing Address</i> - Apartment #- Street #- Street Name - P.O. Box				40 If Mailing Address is to a Business, Attention:			
	41 <i>*City/Town/Village/Other</i>		42 <i>*Province/State</i>		43 <i>*Country</i>		44 Postal / Zip Code	
	45 Telephone - Home		46 Telephone - <input type="checkbox"/> Work <input type="checkbox"/> Cell		47 Email			
	48 <i>*Reason Why Certificate is Requested</i>				49 <i>*Applicant's Relationship to Person Named on Certificate</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Parent <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other: _____			
	50 <i>*Method of Delivery Requested</i> <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> Priority Service: <i>Additional \$30.00</i>		51 <i>*Payment Method: CANADIAN FUNDS ONLY</i> <input type="checkbox"/> Debit or <input type="checkbox"/> Cash - In Person Only <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order - Payable to ISC <i>IF</i> <input type="checkbox"/> Visa , <input type="checkbox"/> MasterCard or <input type="checkbox"/> ISC Account <i>(Complete Payment Information Form and attach to Application)</i>			52 <i>*Payment Amount</i>		
	53 <i>*Signature of Applicant</i>				54 <i>*Date Applicant Signed Application</i> - Month/Day/Year			