

INFORMATION

Transit No.

Loan or card number

Loan or card number

 Personal loan

 Mortgage loan

 Line of credit

 Commercial loan

 Master Card credit card

 All-In-One Insurance

IDENTIFICATION OF THE DECEASED

Surname (maiden name if applicable)

 Sex M F

Given name

DECLARATION OF ESTATE REPRESENTATIVE

1- Date of birth of the deceased: _____ Date of death: _____

 2- Address (no., street, city and province): _____ Postal code

3- Relationship to the deceased: _____

4- Date symptoms first appeared for the illness that caused the death: _____

Please indicate the frequency of the medical visits since the onset of the symptoms: _____

5- Date of first consultation with physician for this illness: _____

Please indicate the name, address and phone number of the physician consulted: _____

6- Name, address and phone number of the deceased's family physician : _____

Since when had the deceased person been followed by her/his family physician: _____

 7- Names and addresses of all physicians or health care professionals consulted by the deceased during **the last five (5) years. Please indicate the reason(s) for each consultation, whether or not they are related to the cause of death. If no consultations and/or medical treatments, please indicate this clearly in the space provided below.** If more than four (4) consultations, please attach a separate sheet.

Name and address of the physician or health professional	Consultation or treatment dates			Reason of the consultation	Treatment prescribed (medication, rest, surgery, etc.)
	Y	M	D		

8- Names and addresses of all hospitals or institutions where the deceased was treated during the last five (5) years. If none, please specify.

Hospital or institution	Address	Date entered and date discharged	Reasons of the hospitalization

9- Cause of death: _____ 10- Place of death _____

 11- Was death caused by: homicide? suicide? accident? ⇒ date of the accident : _____

 12- Describe the circumstances of the death: _____

 13- Was there a coroner's inquest? yes no Was there an autopsy? yes no

If yes, who conducted the inquest/autopsy? What were his/her finding? _____

SIGNATURE OF ESTATE REPRESENTATIVE

Last name and first name of estate representative _____ (In Block Letters)

Social Insurance No.

Address (no., street, city, province, postal code) _____

Telephone No at home (_____) _____ Telephone No at work (_____) _____

Signature _____ Date _____