Information about the deceased (please print)

 Social Insurance Number:

Last name:

 Mother's maiden name (if known):

 First name and initial:

Date of birth:

Year Month Day Date of death:

Year Month Day Next of Kin –

 Full name and mailing address (if known):

 Place of death:

City / Province (Country - if outside Canada)

Consent to release above information about the deceased (please print)

 I give my consent to release the above information about the deceased to Service Canada Information provided by:

Full name and mailing address:

 Relationship to the deceased (please check one(s) that apply):

Spouse Common-law partner Executor Other (please specify) Telephone Number:

Signature:

 Date:

 Year Month Day Notification submitted by (please print)

 Name of Funeral Home or other Organization/Individual:

 Telephone Number:

Signature:

Date:

Year Month Day

The collection and use of personal information for this service is authorized by the Canada Pension Plan and Old Age Security Acts. All information collected by Service Canada is protected under the federal Privacy Act and will remain confidential. We may disclose it where we are authorized to do so under the CPP and OAS Acts.