eHealth Saskatchewan

ELECTRONIC BURIAL PERMIT
REQUEST FOR ORGANIZATION APPROVAL

Instructions:

Please fill in the form and either:

- Fax it to the eHealth Service Desk at 306-781-8480, or

- Email it to ServiceDesk@eHealthsask.ca. Your full signature line is required on emailed copies. This will be used as your signed agreement and approval for the content given.

If you require additional assistance please contact the Vital Statistics Customer Support Team at: 1-800-667-7551

Requesting Organization Information:

Organization Legal Name: _____

Facility Name *(if different from Legal Name)*: _____

Primary Administrative Contact Name: _____

Street Address: _____   City: _____

Postal Code: _____   Email: _____

Telephone: _____   Fax: _____

Estimated number of initial users for Organization: _____   Facility License #: _____
(funeral home or crematorium)

Designation of Authorized Approvers

Please fill out the following section with a **minimum of 1** (recommend 2 or more) Authorized Approver(s). Approver(s) will receive an email request to verify each member of your Organization that requests access to the Electronic Burial Permit.

Authorized Approvers

	Last Name	First Name	Email Address
1			
2			
3			
4			
5			

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Technical Specifications

These requirements <u>must</u> be met in order to access the Electronic Burial Permit application.

- Each individual MUST have their own email address and account.
- Minimum screen resolution: 1024 x 768

Windows Requirements:

- Windows Operating System (Windows 8, Windows 7, Windows Vista, Windows XP SP2, Windows 2000 Professional SP4 or higher)
- Minimum Browser requirements:
  - Internet Explorer version 7.0 or 8.0
  - Firefox version 1.5, 2.0, 3.0 or 3.5

Mac Requirements:

- Mac Operating System: Mac OS version 10.2 or later with minimum 128MB RAM (Recommended: 256 MB RAM or greater, and 50MB hard disk)
- Minimum Browser requirements: Firefox version 1.5

Agreement

The undersigned individual is legislatively obligated to complete and submit an electronic Statement of Death setting out the particulars contained on the original Statement of Death as well as confirm receipt of the completed Medical Certificate of Death. After the death is properly submitted to the electronic database, the undersigned (or approved users) may obtain a Burial Permit by printing from the electronic database a Burial Permit that sets out the particulars of the death as they appear in the database.

In deference to the legislated requirements placed on the individual and by signing this form, the undersigned assumes full responsibility for any risk arising out of or related to the electronic submission of a death, confirmation of receipt of the completed Medical Certificate of Death and obtaining of a Burial Permit. This responsibility is assumed for all electronic statements completed, submitted or confirmed by the undersigned or by any approved user associated with this organization. Furthermore, this responsibility is assumed by the undersigned on behalf of his or her delegates whether a submission is entered by mistake, negligence, fraud or otherwise and may result in a conviction pursuant to *The Vital Statistics Act, 2009*.

Head of the Organization Information & Signature:

Name: _____   Title: _____

Signature: _____   Date: _____