

Application for Death Certificate

To speed up processing time, order online at ehealthsask.ca

For additional inquiries contact Health Registries at: 1-800-667-7551 2130 11th Avenue Regina, SK S4P0J5

A readable photocopy of the applicant's identification MUST be submitted with this application. Boxes marked with an * must be completed.

Select Product Required					
* Indicate quantity of each type of product required.					
NOTE: APPLICANTS ARE RESPONSIBLE TO DETERMINE THE TYPE OF CERTIFICATE FOR THEIR NEEDS.					
MUST BE COMPLETED		MUST BE COMPLETED			
Type (check required type)		Quantity (indicate number required)			
Standard Death Certificate \$35 Includes the individual's full name, date of death, place of death, sex, marital status, registration number, registration date. Note: These are usually used for land titles, pension, and banking purposes (size 18 cm x 22 cm).					
Copy of Registration of Death \$55 Is a photocopy of the original death registration.					
Saakatahawan	Death Information				
* Last Name at Death	* Given Name(s)				
Other Names Used	* Deceased Date of Death				
* Place of Death – city/town/village/rural land location in Saskatchewan	Month Day Year				
* Deceased Marital Status Never Married Married Widowed Divorced Common Law					
Never warned Swarned Sommon Law					
Applicant	Information				
This Section Must Be Completed by The Person Applying for the Death Ce					
* Given Name(s)	* Last Name				
* Complete Mailing Address for Certificate (street name, city, province, state, country)		* Postal Code			
* Daytime Phone Number (including area code)	Email Address				
* Applicant's Relationship to Person Named on Certificate Spouse Parent Child Executor Joint Tenant Other		If Executor, Joint Tenant or Other is checked supporting documentation must be included. NOTE: See 'Who Can Apply for a Death Certificate' on information page.			
Note: If the applicant is an Executor of the Estate a copy of the will is required. If the applicant is a Surviving Joint Tenant a copy of the Joint Tenant Land Title is required.					
* I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I am eligible to obtain the documents requested.					
x					
	oplication (MM/DD/YYYY)				

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	Dolivory Inf	formation		
Delivery Information NOTE: HEALTH REGISTRIES IS NOT RESPONSIBLE FOR DELAYS OR LOST ITEMS BY CANADA POST.				
Regular Mail (no additional charge) - delivered by Canada Post (No Tracking Provided)				
Pick up (no additional charge) in Regina 3 rd Floor - 2130 11 th Ave., Regina, SK. Check eHealthsask.ca for office hours.				
Regular Courier Service delivered to an address in Saskatchewan (with tracking number), used if you do not meet urgent service criteria but would like to				
have your certificate delivered by courier. (Additional \$30) Note: For regular courier service to an address outside of Saskatchewan, you will need to make your own arrangements with a courier service.				
Call our office at 1-800-667-7551 for more information.				
Urgent Service Courier delivered to an	Note: If urgent service is requested the application <u>MUST</u> meet urgent service criteria:			
address in Saskatchewan (Additional \$30) Note: For regular courier service to	Urgent service for death certificates is only available to transport a body outside of the province.			
an address outside of Saskatchewan, you will need to make your own	If the certificate is required to transport a body outside of Saskatchewan and the death is not registered, there will be an additional \$30.00 urgent registration fee.			
arrangements with a courier service.	If the death is not registered, you will be contacted to arrange payment of the additional fee.			
Call our office at 1-800-667-7551 for more information.				
Urgent Service Pick Up (Additional \$30)				
	Day was a set lead	5		
Payment Information				
Note: Payments must be made in Canadian fur	10S.	In Parcon: 3rd floor, 2130 11th Avg. Paging SK		
By Mail: In Person: 3 rd floor - 2130 11 th Ave., Regina, SK		Cheque / Certified Cheque - payable to eHealth Saskatchewan		
		(orders paid by personal cheque will be delayed until the cheque clears the bank)		
Money Order - payable to eHealth Saskatchewan		Money Order - payable to eHealth Saskatchewan		
VISA / MasterCard		Debit		
VISA Debit / MasterCard Debit Cash		Cash		
VI		VISA / MasterCard		
		VISA Debit / MasterCard Debit		
*Cardholder's Name (As shown	l on Card)	*Cardholder's Signature		
,	, 			
Credit Card Number	Credit Card Number (16 digits) M M Y Y			
Expiry Date				
Payment Amount \$				
NICA THE MANAGE I	Vice Date 4	Mastar Card Dahit		
VISA MasterCard MasterCard Visa Debit Visa Debit MasterCard Debit				

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Important Information

- If you are the applicant and would like someone else to pick up your documents, you must provide a completed Authorization Form, available at <a href="https://example.com/en-the-nature
- ▶ Our processing times are available at <u>eHealthsask.ca</u>. This does not include Canada Post mailing time.
- You can return the completed form to:

eHealth Saskatchewan 2130 11th Avenue Regina, SK S4P 0J5

ALL applicants <u>MUST</u> PROVIDE IDENTIFICATION as outlined below.

Please ensure copies of identification are readable. Do **NOT send original documents. We are not responsible for any loss or damage that may occur.

** ONE PIECE REQUIRED FROM BELOW LIST Government Issued Photo ID		** TWO PIECES REQUIRED FROM BELOW LIST Other ID
Photo Driver's License / SGI Identification Card		Birth Certificate
Passport		Health Card
Native Status Card	OR	Student ID Card
Citizenship Card		Utility Bill (i.e. SaskPower, SaskEnergy, etc. that displays name and address)
Permanent Resident Card		A document that shows your name and address such as a Bank Statement, Residential Lease, Mortgage Document, Income Tax Statement, Cancelled Cheque, Social Assistance Benefit.

Who can Apply for a Death Certificate?

- A spouse, parent, adult child.
- A personal representative of the estate of the subject individual. A copy of the will is required.
- A joint tenant. A copy of the joint land title is required.
- An individual who is authorized by an eligible person. An authorization form found at <u>ehealthsask.ca</u> and a copy of identification of both parties must be included.
- · Any person/organization as directed by a court order.

For more information about who can apply please see ehealthsask.ca

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