



REFERRAL FORM – ESTATE & PERSONAL TRUST SERVICES

700 – 808 West Hastings Street, Vancouver, BC V6C 3L3
phone: (604) 660 – 4444 email: estates@trustee.bc.ca
Please fax this fully completed form to: (604) 660-0964

Name: (include alias) _____ Male / Female

Address: _____ Owned / Rented / Unknown

Location of Keys: _____ Apt. Manager – Name/No. _____

Birth Date: _____ Age: _____ Place: _____
(YYYY / MM / DD)

Date of Death: _____ Place: _____ Remains at: _____
(YYYY / MM / DD)

Cause of Death: WCB / ICBC / Crime / Other Occupation: _____ Employer: _____

Marital Status: S / M / D / W / Unk Cdn Citizen: Y / N / Unk Citizen of: _____

War Veteran: Y / N / Unk WVA or Regimental No: _____

Will: Y / N / Unk Location: _____ Executor: _____ Phone: _____

Social Insurance No: _____ Religion: _____ None / Unk

Personal Health No: _____ Physician: _____ Phone: _____

First Nation's Member: Yes / No / Unk First Nation's Band Name: _____

Location & Description of Assets:

Police Dept: _____ N / Unk Bank: _____ N / Unk

Residence: _____ N / Unk Funeral Home: _____ N / Unk

Hospital: _____ N / Unk Other: _____ N / Unk

1. Family / friends / others (please specify): _____

2. Information / Assets: _____

3. Notes attached with information about or efforts to locate friends / family / assets: Y / N / No Info

4. Was this person receiving social assistance benefits? Y / N Local Ministry Office: _____

5. Has a Police Department been involved in this matter? Y / N Location/Officer: _____

6. Did the deceased receive blood transfusion or blood products before Sep 28, 1998 – Y / N / Unknown

7. Was the deceased ever diagnosed with Hepatitis C or HIV? – Y / N / Unknown

8. Was the Deceased ever a student of an Indian Residential School? – Y / N / Unknown

ADDITIONAL INFORMATION REQUESTED OF CORONERS MAKING REFERRALS:

Entire Police Report Attached: Y / N ALL Informant or Witness contact information is attached: Y / N

Information provided in confidence is protected under the Freedom of Information and Protection of Privacy Act RSBC 1996 c165.

Referred by Name: _____ Agency: _____

Phone: _____ Pager: _____ Fax: _____ email: _____

Public Guardian and Trustee use only

Date: _____ Info rcvd by: _____ Region: _____ Type: _____ Authorized by: _____ Officer: _____