

**REFERRAL FORM - ESTATE & PERSONAL TRUST SERVICES**

700 – 808 West Hastings St, Vancouver, BC V6C 3L3

Ph: 604.660.4444 email: [estates@trustee.bc.ca](mailto:estates@trustee.bc.ca)

Please fax this fully completed form to: 604.660.0964 *Please print carefully for legibility purposes.*

Name: (include alias) \_\_\_\_\_, \_\_\_\_\_ Gender:   
(SURNAME) (Given Name)

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  Owned  Rental  Care Home  DK

Location of keys: \_\_\_\_\_ Apt. Manager – Name/No. \_\_\_\_\_

Safety concerns of residence \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_  Estimated Place of death: \_\_\_\_\_ Location of Remains \_\_\_\_\_

Suspected cause of death:  Natural  Workplace Accident  MVA  Overdose  Crime  Homicide  Suicide  COVID-19

Marital status:  S  M  D  W  DK Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Cdn Citizen:  Y  N  DK Citizen of: \_\_\_\_\_ War Veteran:  Y  N  DK

Will:  Y  N  DK Location: \_\_\_\_\_ Executor: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Insurance No: \_\_\_\_\_ Religion: \_\_\_\_\_

Personal Health No: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

First Nation's member:  Y  N  DK First Nation's band name: \_\_\_\_\_

**Location & description of assets:**

Police Dept: \_\_\_\_\_ Bank: \_\_\_\_\_

Residence: \_\_\_\_\_ Funeral home: \_\_\_\_\_

Hospital: \_\_\_\_\_ Other: \_\_\_\_\_

1. Family / friends / contacts (please specify relationship): \_\_\_\_\_

2. Information / Assets: \_\_\_\_\_

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

4. If the person was under 65 years old, was he/she receiving provincial social assistance benefits?  Yes  No  DK

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  DK

7. Was the deceased ever diagnosed with Hepatitis C or HIV?  Yes, HIV  Yes, HepC  No, neither  DK

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

Referred by Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION REQUESTED OF CORONERS MAKING REFERRALS:** ALL BCCS informant or witness contact information is attached:  Y  N

**Public Guardian and Trustee use only**

**CASE**

*Assessment*  Property Search  PPSA *Provide Service*  MRD  BQ  No MML

Auth by: \_\_\_\_\_ EA: \_\_\_\_\_