

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

Name: (include alias) _____, _____ Male Female DK
(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 Provide Service
 Property Search PPSA MRD BQ No MML

Auth by: _____ EA: _____