

Saskatchewan Death Certificate Application

Please Note: Only adult next-of-kin may request the death certificate of the deceased with this application.

(Next-of-Kin: Mother, Father, Daughter, Son, Spouse)

Applications are processed upon receipt. We cannot change or cancel applications once received.

Step 1 - Contact Information - Person applying for certificate

Name: _____ Firm/Organization: _____
Applicant - Full Name *Complete only if certificate(s) to be delivered here.*

Relationship to Deceased: _____ Reason Certificate Required: _____
** Next-of-kin Only* *Example: Settle Estate, Pension, etc.*

Telephone Number: (_____) _____ Daytime Number: (_____) _____ Ext: _____ Work Cell

Mailing Address: _____ Apt.: _____ Buzzer Code: _____

City: _____ Prov./State: _____ Country: _____ Postal/Zip Code: _____

Email: _____

Step 2 - Details of Deceased - Person named on certificate

You MUST enter as much information as possible. Missing or incorrect information may delay your application.

Name of Deceased: _____
First ** Middle - must provide if known* ** Last - at birth or adopted name* *Current Last Name*

Gender: Male Female Death Registration Number: _____

Date of Death: _____ Age at Death: _____
Month *Day* *Year*

Date of Birth: _____ Place of Death: _____, SK
Month *Day* *Year* *City/Town/Village/Other*

Place of Birth: _____
City/Town *Province/State* *Country*

Permanent Residence Before Death: _____
City/Town *Province/State* *Country*

Marital Status at Time of Death: Married Common-Law Divorced Widowed Never Married

Deceased Spouse's Name: _____
First ** Middle - must provide if known* ** Last - maiden or adopted name* *Current Last Name*

Common Law Spouse's Name: _____
First ** Middle - must provide if known* ** Last - maiden or adopted name* *Current Last Name*

Father's Name: _____
First ** Middle - must provide if known* ** Last - at birth or adopted name* *Current Last Name*

Father's Place of Birth: _____
City/Town *Province/State* *Country*

Mother's Name: _____
First ** Middle - must provide if known* ** Last - at birth or adopted name* *Current Last Name*

Mother's Place of Birth: _____
City/Town *Province/State* *Country*

Father's Date of Birth: _____ Mother's Date of Birth: _____
Month *Day* *Year* *Month* *Day* *Year*

Step 3 - Payment Information - Select certificate type and payment method - SK Death Application

Express Legal process and delivery times are approximately 15 - 25 business days.

Delivery times are average times and cannot be guaranteed. All taxes and shipping included.

____ (Quantity) - *Death Certificate - \$75.00 each

____ (Quantity) - **Genealogical Photocopy - \$100.00 each

**Death Certificate: Contains name of deceased, age at time of death, date of death, usual residence of deceased (province & country), sex, marital status, registration date and number.*

***Genealogical Photocopy: A genealogical photocopy of a Registration of Birth contains all the information that appears on the original registration and is stamped "For Genealogy Only".*

Credit Card Type:   

Credit Card Number: _____ Expiry Date: _____

Name of Cardholder: _____ Cardholder Email: _____

Signature: _____ Date: _____

Charge will appear as "Express Legal" on credit card statement. Cheques and money orders must be made payable to "Express Legal".

Step 4 - Application Checklist

To receive your certificate you must submit all required information and documentation.

If any of the checklist requirements (listed below) are not met, your application will be placed on hold and there will be delays in processing times. *Please call us toll-free at 1.866.828.9680 if you have any concerns.*

Eligibility - I am one of the following:

- I am the spouse or common law spouse of the subject.
- I am the adult child of the subject. **I am 18 years old or older.**
- I am the parent of the subject.
- I am the custodial guardian - *Please provide a copy of the guardianship papers.*

Application - I have completed the application to the best of my ability.

Authorization (page 3) - I have completed, dated, and signed the Authorization Letter.

Identification - I have enclosed the required photocopies of clear and valid I.D.:

- Two pieces of government issued identification - *one piece must contain your photo, both pieces must contain your signature; OR*
- Two pieces of government issued identification - *one piece must contain your signature; OR*
- One piece of government issued identification (*containing your signature*) AND your income tax statement or utility bill.

Payment - I have provided information for one of the following payment options:

- I have provided my credit card information with a date and signature - *charge will appear as 'Express Legal' on credit card statement.*
- I have enclosed a money order or a certified cheque payable to Express Legal.
- I have enclosed a personal cheque payable to Express Legal - *application will be held until the cheque clears in 7 business days.*

Submit - I am submitting my application by one of the following methods:

- Toll-Free Fax: 1.866.265.6300
- Scan & Email: saskatchewan@expresslegal.ca
- Regular Mail: Express Legal, 79-622 Front Street, Nelson, BC V1L 4B7

NOTE: Although you can fill out the application online, you **cannot** save or email it. Please **type, print** and **sign** the application then fax, scan and email, or mail your application to us.

Authorization Letter

I, _____, am the eligible person.
First Middle Last

My relationship to the person named on the certificate is _____ and my address is as follows:
(Self, mother, father, etc.)

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

The authorized individual, an agent to the eligible person, is Shauntelle Naomi Carbery at Express Legal Document Services, 79 – 622 Front Street, Nelson, British Columbia, V1L 4B7 (1-866-828-9680).

I am requesting a _____.
Birth/Death/Marriage Certificate/Certified Copy

I hereby waive, for the purpose of such certificate, any privilege I may have regarding secrecy of information and release and discharge eHealth Saskatchewan to whom this release may be directed of all claims for any damages I may sustain resulting from any such report given to the above-named party.

I FURTHER DECLARE that a photocopy of this Authorization shall be of the same force and effect as an originally signed copy.

Dated at _____ in the Province of _____ this _____ day of _____, 2014.

Signature of Eligible Person