SISIP RARM Services financiers Financial Services

A division of CFMWS
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Attending Physician's Statement (APS) Regarding Death

Group Policy # 901102

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Claim No.: _____

1. Deceased's Information

Surname:	First Name:	Date of Birth: _____ Day Month Year
Address at Death:		
Place of Death (If hospital or institution, give name):		Date of Death: _____ Day Month Year
If stillborn, please indicate the weight _____ (grams) and # of weeks _____ into pregnancy.		Mother's Name: _____ Father's Name: _____

2. Cause of Death

(In the interest of accurate vital statistics, please conform to the international list of causes of death and injury and enter only one cause each for A, B, and C).

	Interval between onset and death
A) Disease or condition directly leading to death - (This does not mean the mode of dying such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death):	
B) Antecedent cause - (morbid condition, if any has given rise to the above cause (A) , state the underlying cause):	
C) Significant condition - (Contributing to the death but not relating to (A) or (B) above):	

Date of first symptoms of disease or condition:

(A) _____ Day Month Year (B) _____ Day Month Year (C) _____ Day Month Year

Date of diagnosis of disease or condition:

(A) _____ Day Month Year (B) _____ Day Month Year (C) _____ Day Month Year

If death was due to an accident, suicide or homicide, specify which. Describe briefly:

Was an inquest held? ❑ Yes ❑ No

Was an autopsy performed? ❑ Yes ❑ No If yes, by whom and with what finding?

Have you treated or advised the deceased during the last 3 years, prior to last illness? ❑ Yes ❑ No

Did the deceased, to your knowledge, receive treatment during the last 3 years from any other physician, or in any hospital or institution?

❑ Yes ❑ No If "yes" to either question, please provide the physician or hospital's name and nature of illness or injury.

3. Attending Physician

Name _____ Date _____

Please print and/or attach a business card

Address _____ Signature _____