

Who can apply for Vital Statistics' documents?

The areas below show who is eligible and what proofs of eligibility are required.

Certificates and / or Photocopies of a Registration

Death	Legal Change of Name
<p>a) The executor of the deceased person's estate. A copy of the will identifying the executor must be attached to this application.</p> <p>b) An adult next-of-kin* of the deceased person including a minor parent, spouse or partner. Proof of relationship or Affidavit of Relationship** must be attached to this application.</p> <p>c) A guardian or trustee, for the deceased person immediately before death as established by court documents. A copy of the legal document must be attached to this application.</p> <p>d) A person with an order from the court. A copy of the order must be attached to this application.</p> <p>e) A joint tenant with the deceased immediately before the deceased's death. Certified copy of the title to property showing joint tenancy must be attached to this application.</p> <p>f) A person who is a designated agent for a person described in a) to c). Consent and statutory declaration must be completed. See bottom of application form.</p> <p>g) An adult relative of the deceased person when there is no person eligible to apply as described in a) to d). A proof of relationship or an Affidavit of Relationship must be attached to this application.</p> <p>h) A funeral home representative who is making arrangements for the deceased person. Proof of occupation must be attached to this application.</p> <p>i) A lawyer for the person described in a) to e), g). A copy of a valid Law Society card must be attached to this application.</p> <p>Anyone may apply for a Death document when:</p> <p>j) The death record is 50 years old or older.</p>	<p>a) The person whose name was changed.</p> <p>b) The person who applied for the change of name.</p> <p>c) A guardian or trustee of a person whose name was changed. A copy of the guardianship or trusteeship document must be attached to this application.</p> <p>d) A person who is a designated agent for a person described in a), b), c), g) or h). Consent and statutory declaration must be completed. See bottom of application form.</p> <p>e) A person who holds a power of attorney to act on behalf of the person described in a). A copy of the legal document must be attached to this application.</p> <p>f) A person with an order from the court. A copy of the order must be attached to this application.</p> <p>When the person whose name was changed is a minor:</p> <p>g) The parent of the person whose name was changed as established by a Registration of Birth or court order. A copy of the applicable court order must be attached to this application.</p> <p>h) A guardian, trustee or person with power of attorney, for a parent of the person whose name was changed. A copy of the legal document must be attached to this application.</p> <p>When the person whose name was changed is deceased:</p> <p>i) The executor of a person's estate. Death certificate and a copy of the will identifying the executor must be attached to this application.</p> <p>Anyone may apply for a Legal Change of Name search letter.</p>

Medical Certificates of Death

- Adult **next-of-kin*** of the deceased person including a minor parent, spouse or partner. Proof of relationship must be attached to this application - e.g., if a birth certificate is supplied, it must show parentage.
- A person who is a **designated agent** for a person described in a). Consent and statutory declaration must be completed. See bottom of application form.
- Any person with an **order from the court**. A copy of the order must be attached to this application.
- A **lawyer** for a person described in a) or c). A copy of a valid Law Society card must be attached to this application.

* **Next-of-Kin:** Mother, father, brother, sister, children, spouse or adult interdependent partner. This does not include in-laws, grand children, step relatives, aunts, uncles, nieces or nephews. Persons who have been adopted or who have placed their child for adoption are not "next-of-kin" to biological relations.

**Affidavit of Relationship available from a registry agent.

This information is collected in accordance with the Vital Statistics Act and Regulations. It is required to determine your eligibility to apply for products and services, search Vital Statistics registration records and process your request. Collection is authorized under s. 33(a) and (c) of the Freedom of Information and Protection of Privacy Act. Questions about the collection can be directed to Vital Statistics' staff @ Box 2023, Edmonton, AB T5J 4W7 or (780) 427-7013 (toll free 310-0000 within Alberta).

IMPORTANT INFORMATION TO AVOID DELAYS

- This application **must** be returned to a registry agent in person.
- The applicant **must** provide acceptable proof of identity.
(see the front page for what to do if you do not have acceptable proof of identity)
- Read all instructions carefully before filling in this form.
- Make sure you are eligible to apply and have the necessary supporting documents - see the opposite page.
- Information must be as complete as possible. Attach a written explanation if you cannot provide the information required in the applicable section(s).
- If a record or event cannot be found, a search is carried out automatically and the applicant will be notified. For Death documents the search is limited to a three-year period.

PRINT CLEARLY - This information will be used to mail your documents. All areas of this section must be completed.

Full Name of Applicant		Phone No. (during the day)
Mailing Address Street		Apartment No.
City / Town / Village	Province / Country	Postal / Zip Code
If Company, Attention of		Your Reference No. (if applicable)
Reason Certificate Required		
State Your Relationship to Person Named on Certificate		
Signature of Applicant X		Date Signed (month by name, day, year)

The Quantity column must be completed. →

		Type	Quantity			
DEATH	Last Name of Deceased	Given Names	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Certificate	
	Date of Death	Place of Death (city, town or village)	Marital Status		Photocopy of Registration	
	Month by name Day Year	Only Deaths that occurred in Alberta	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Medical Certificate	
	Usual Residence of Deceased Prior to Death (province / country)	Date of Birth	Month by name Day Year		Search Letter	
NAME CHANGE	Last Name before Name Change		Given Names before Name Change		Certificate	
	New Last Name after Name Change		New Given Names after Name Change		Search Letter	
	Date of Birth	Place of Birth (city, town or village)	Date of Name Change			
	Month by name Day Year		Month by name Day Year			

Only complete the section below if you are providing consent to a designated agent to apply on your behalf.

APPLICANT'S CONSENT TO DESIGNATED AGENT	DESIGNATED AGENT'S STATUTORY DECLARATION
I, _____ <i>Full name of Applicant</i>	I, _____ <i>Full name of Designated Agent</i>
of _____ <i>Street Address City/Town/Village</i>	of _____ <i>Street Address City/Town/Village</i>
_____ Province/Country Postal/Zip Code Phone Number	_____ Province/Country Postal/Zip Code Phone Number
give my consent to _____ <i>Full Name of the Designated Agent</i>	do solemnly declare that I have known _____ <i>Full Name of the Applicant</i>
of _____ <i>Street Address City/Town/Village</i>	for _____ year(s). X _____ <i>Number Signature of Designated Agent</i>
_____ Province/Country Postal/Zip Code Phone Number	Declared before me at _____ Alberta
whom I have known for _____ year(s) to make this application on my behalf.	dated _____
X _____ <i>Signature of Applicant</i>	X _____ <i>Signature of Commissioner for Oaths in and for the Province of Alberta / Notary Public</i>