Bow Valley
FUNERAL SERVICE

## Information needed to register the death and to complete the CPP Survivor Benefits Application Forms

---

**IMPORTANT: Please bring in the following when meeting for funeral arrangements**

1) **Copy of the deceased's Last Will & Testament**
2) **Identification for deceased and for the person making arrangements**
3) **If available, bring in the deceased's Birth Certificate and Social Insurance Card**
4) **If married or common law, we also need the following:**
   a. **Marriage Certificate - If marriage certificate is not available, the spouse will need to complete the Declaration of Legal Marriage and take to a Commission of Oaths. (we have needed form)**
   b. **If common law, the spouse will need to complete the Declaration of Common Law Union and take to a Commission of Oaths. (we have needed form)**
   c. **Void Cheque (or banking information) for direct deposit for CPP payments**

## Information about the deceased

1) Full Legal Name at time of death _____
   a. Name at time of birth if different from legal name _____
   b. Name on SIN card if different from legal name _____
2) Date of birth_____
3) Place of Birth_____
4) Social Insurance Number _____
5) Alberta Health Care Number _____
6) Driver's License Number _____
7) Legal Marital Status (Never married, Married, Widowed, Divorced) _____
8) Full name of Spouse if married or widowed (maiden name) _____
9) Full name of Ex-spouse if divorced (maiden name) _____
10) Full name of Common-law or Interdependent partner_____
11) Current Address (both mailing & physical if different) _____

    _____
12) Primary Occupation during working years _____
13) Type of business employed in (ie, agriculture, manufacturing, retail, health care, education etc)

    _____
14) Mother's full name (maiden)_____
15) Mother's Place of Birth_____

*16)* Father's full name _____

*17)* Father's Place of Birth_____

18) Did the deceased ever receive or apply for benefits under CPP? _____ OAS? _____ QPP? _____

19) Did the deceased work in or live in another country? _____

*If Yes, list country and Insurance Numbers held by the deceased*

_____

_____

## Information about the spouse of the deceased (if married or common law)

20) Spouses legal name _____

a. Spouses Name at birth if different from legal name_____

b. Spouses Name on SIN Card if different from legal name_____

21) Spouses SIN Number_____

22) Spouses Date of Birth _____

23) Spouses Place of Birth_____

24) Date of Marriage or Common Law _____

25) Did the spouse receive or apply for CPP? _____OAS? _____ QPP? _____

## Information about children of the deceased:

1) Are there any surviving children under age 18? _____ *If yes, please provide the following for each child (add pages if needed):*

*Child 1: Full Legal Name* _____

*Date of Birth* _____*Social Insurance Number* _____

*Child 2: Full Legal Name* _____

*Date of Birth* _____*Social Insurance Number* _____

*Child 3: Full Legal Name* _____

*Date of Birth* _____*Social Insurance Number* _____

2) Are there any surviving children between 18-25 attending school, college, or university full-time? _____
*If yes, please provide the following for each child (add pages if needed):*

*Child 1: Full Legal Name* _____

*Date of Birth* _____*Social Insurance Number* _____

*Address:* _____