

Municipal Form No. 103 (IP Form No. 2)
(Revised January 2004, attachment)

Province _____
City/Municipality _____

Registry No. _____

NAME OF THE DECEASED INCLUDING TRADITIONAL TITLE, IF ANY

OTHER NAMES

DATE OF DEATH (Date) (Month) (Year)

DATE OF BIRTH (Date) (Month) (Year)

ETHNIC AFFILIATION OF THE DECEASED

FULL NAME OF SPOUSE (S) in chronological listing

BURIAL RITES

NAME OF OFFICIATING PERSON: _____ SIGNATURE _____

ADDRESS: _____

TITLE/POSITION/DESIGNATION: _____ DATE: _____