

**NOTIFICATION OF
EXPECTED DEATH IN THE HOME***To be completed by the Attending Medical/Nurse Practitioner***ATTENTION: FUNERAL DIRECTOR**

NAME OF FUNERAL HOME			
ADDRESS	CITY	PROVINCE	POSTAL CODE

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending medical/nurse practitioner, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YYYY)	PERSONAL HEALTH NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
PRECAUTIONS, IF ANY:			

NAME OF ATTENDING MEDICAL / NURSE PRACTITIONER	PRACTITIONER COLLEGE ID NUMBER	PHONE NUMBER
ADDRESS	CITY	PROVINCE POSTAL CODE
COMMENTS		
SIGNATURE OF ATTENDING MEDICAL / NURSE PRACTITIONER		DATE SIGNED (DD/MM/YYYY)

AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME

*To be completed by the person authorized to control
the disposition for the expected death at home of:*

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out of or in connection with the wilful misconduct, malfeasance, or negligence of the Funeral Home, its employees and agents) incurred in connection with or arising from the Funeral Home dealing with the Patient's body on my instructions.

printed name

signature

date signed

contact phone number

RELATIONSHIP TO DECEASED

from the *Cremation, Interment and Funeral Services Act*, Sec 5 (1));

Authorization of disposition is in order of priority as set out below.

- ☐ a) personal representative named in the will;
- ☐ b) spouse of deceased;
- ☐ c) adult child of deceased;
- ☐ d) adult grandchild of deceased;
- ☐ e) if deceased a minor, legal guardian of deceased at time of death;
- ☐ f) parent of deceased;
- ☐ g) adult sibling of deceased;
- ☐ h) adult nephew or niece of deceased;
- ☐ i) adult next of kin of deceased, determined under sections 89 and 90 of the Estate Administration Act;
- ☐ j) minister under the Employment and Assistance Act or the official administrator under the Estate Administration Act;
- ☐ k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).