

NOTIFICATION OF DEATH

Important, Please read:

Please submit the correct information as it appears on the Health Card.

Deceased's Information

Registration Number:	Personal Health Identification Number:			
Last Name:	First Name:	Middle Name:		
Sex:	Male	Female	Non-Binary	Date of birth:

Documentation

Attach a copy of **one** of the following documents confirming the death of the cardholder:

Manitoba Vital Statistics Branch

Death certificate

Other

Funeral Director's Certificate

Form Completed By

- Your application may be delayed or returned if it is not complete or without the required documents. Your processing time starts the day we receive your complete application.
- The expected processing time for received applications can be found at www.gov.mb.ca/health/.

Last Name:	First Name:	
Date:	Relation to Applicant :	
Primary Phone Number:	Email Address:	
Preferred method of correspondence:	E-Mail	Phone

Signature:

By checking this box, I certify that the information contained herein is true. Section 42 of the Health Services Insurance Act provides for a fine of up to \$5000 for a person convicted of making false and misleading statements.