

**Foreign Death Questionnaire**
**Deceased personal information**

Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Last address in Canada: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

 Did the deceased have any other policies in force?  Yes  No If yes, provide details:

Company name	Year of Issue	Amount

**Travel information**

Date deceased left Canada DD/MM/YYYY: \_\_\_\_\_ Intended duration of trip: \_\_\_\_\_

Intended itinerary: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Airline used when departing Canada: \_\_\_\_\_ Flight number: \_\_\_\_\_

Airport departed from: \_\_\_\_\_ Airport arrived at: \_\_\_\_\_

 Was a return flight booked?  Yes  No If yes, give ticket information: \_\_\_\_\_

\_\_\_\_\_

**Details of death**

Address abroad at time of death: \_\_\_\_\_

Exact place of death: \_\_\_\_\_ Date and time of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**If death resulted from an accident**

Details of accident: \_\_\_\_\_

Names and addresses of witnesses: \_\_\_\_\_

Name of police officer and police department involved: \_\_\_\_\_

**If death resulted from natural causes**

Nature of illness: \_\_\_\_\_

Date illness began: \_\_\_\_\_

In either case (accidental or natural death)

Name of any hospital involved: \_\_\_\_\_

Name of attending physicians: \_\_\_\_\_

Name of physician certifying death: \_\_\_\_\_

Was an autopsy or post mortem performed?  Yes  No Was an inquest held?  Yes  No If any of these questions were answered yes, provide results/findings: \_\_\_\_\_

Was the Canadian Embassy or Consulate involved?  Yes  No If yes, name of contact person along with address, email, telephone/fax numbers: \_\_\_\_\_

Burial/Cremation

Was the deceased buried?  Yes  No Date of burial or cremation: \_\_\_\_\_

Was the deceased cremated?  Yes  No Place of burial or cremation: \_\_\_\_\_

What documentation was obtained to permit burial or cremation? \_\_\_\_\_

Names and addresses of two people (not related to the deceased) who were present at the burial or cremation: \_\_\_\_\_

Documents to be submitted

The following documents must be provided:

- Claimant's Statement-Death Claim, Form 4802-00A
- Original death certificate completed by the medical doctor who pronounced the death
- The original birth certificate
- The original Canadian passport
- Original translation of the documents
- Original burial permit
- Copy of airline tickets and boarding passes
- Copy of the funeral expenses
- Copy of hospitalisation expenses (if any)

Claimant personal information

Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Address : \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

I hereby declare that the foregoing information is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_