



Vital Statistic & Authorized Decision Maker Information

| Deceased Information | | | | |
|-------------------------------------|---|---------------------------|--|------|
| First Name: | Given Names: | Surname: | Sex: | Age: |
| Social Insurance Number: | | Saskatchewan Health Card: | | |
| Address: | | | | |
| Doctor | Name | Address: | Phone Number: | |
| Date of Birth: | | Place Of Birth: | Country: | |
| If under 1 year: (Months) (Days) | | Band Name: | Treaty Number: | |
| Place of Death: | Name of hospital or Institution (Otherwise, give exact location where death occurred) | | Date of Death: | |
| | City, Town or land location Postal Code | | | |
| Marital Status | Single, Common Law, Married, Widowed, or Divorced (Please specify) | | If Married, Widowed, Divorced, Provide Full Name of Spouse (INCLUDING MAIDEN NAME) | |
| Occupation | Type of work done during the majority of working life | | Industry / Business (E.g. agriculture/Welding/healthcare) | |
| Mother | Maiden Surname and Given names of Mother | | Birthplace – City or Place, Province (Or Country) | |
| Father | Surname & Given Name of Father | | Birthplace – City or Place, Province (Or Country) | |

| Informant (Authorized Decision Maker) | | |
|---|---|---------------|
| Informant Name: | Relationship: | |
| Address of Informant: | Postal Code: | Phone Number: |
| Email Address: | Permission to contact you via email? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Burial, Cremation or other Disposition: (Please Specify) | Preferred date of Burial or Cremation: | |

Who is the ADM? (Authorized Decision Maker)

Why This Matters:

Under Section 91 of *The Funeral and Cremation Services Act*, only the legally recognized Authorized Decision Maker (ADM) has the authority to make arrangements and sign cremation documents. It's essential that the correct person is identified, as no services can proceed without their written consent. In the table below, you'll find the legal order of authority — starting with the highest — for who may act as the ADM. If someone in a higher category is unavailable, unwilling, or does not exist, authority passes to the next eligible person on the list. Providing accurate information helps ensure legal compliance and avoids delays during this important process.

| SECTION 91: Order Of Authority |
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| (a) the executor named in the will of the deceased; |
| (b) the spouse of the deceased or a person with whom the deceased cohabited as a spouse in a relationship of some permanence; |
| (c) an adult child of the deceased; |
| (d) a parent or legal custodian of the deceased; |
| (e) an adult brother or sister of the deceased; |
| (f) a grandparent of the deceased; |
| (g) an adult grandchild of the deceased; |
| (h) an adult uncle or aunt of the deceased; |
| (i) an adult nephew or niece of the deceased; |
| (j) an adult next of kin of the deceased determined on the basis provided by sections 11 and 12 of <i>The Intestate Succession Act, 2019</i> ; |
| (k) another adult person having some relationship with the deceased not based on a family relationship. |