



**PERSONAL REPRESENTATIVE FOR A DECEASED PERSON**

Please complete this form if you are the personal representative of the estate of a deceased person.  
Requirements to accompany this form:

- A clear and legible copy of the death certificate.
- A clear and legible copy of a portion of the Will stating the name of the personal representative of the estate or
- A clear and legible copy of the probate document. (if applicable)

**Section I – INFORMATION ABOUT THE DECEASED PERSON**

|                          |                   |  |     |     |    |  |  |  |
|--------------------------|-------------------|--|-----|-----|----|--|--|--|
|                          |                   |  |     |     |    |  |  |  |
| Last Name                | First Name        |  |     |     |    |  |  |  |
|                          |                   |  |     |     |    |  |  |  |
| Complete Mailing Address |                   |  |     |     |    |  |  |  |
|                          |                   |  |     |     |    |  |  |  |
| City                     | Province or State |  |     |     |    |  |  |  |
|                          |                   |  |     |     |    |  |  |  |
| Postal/Zip Code          | Telephone         | Membership Number  |     |     |    |  |  |  |
|                          |                   |  |     |     |    |  |  |  |
|                          |                   | Date of Death:   |     |     |    |  |  |  |
|                          |                   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">DAY</td> <td style="width: 20px; text-align: center;">MTH</td> <td style="width: 20px; text-align: center;">YR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | DAY | MTH | YR |  |  |  |
| DAY                      | MTH               | YR   |     |     |    |  |  |  |
|                          |                   |  |     |     |    |  |  |  |

**Section II – PERSONAL REPRESENTATIVE**

|                          |                                   |                         |
|--------------------------|-----------------------------------|-------------------------|
| Administrator            | Executor                          | Personal Representative |
|                          |                                   |                         |
| Last Name                | First Name                        |                         |
|                          |                                   |                         |
| Complete Mailing Address |                                   |                         |
|                          |                                   |                         |
| City                     | Province or State                 | Country                 |
|                          |                                   |                         |
| Postal/Zip Code          | Telephone                         |                         |
|                          |                                   |                         |
|                          |                                   |                         |
| E-mail Address           |                                   |                         |
|                          |                                   |                         |
| Relationship to Deceased | Membership Number (if applicable) |                         |

**Section III – MULTIPLE REPRESENTATIVES**

If there are multiple representatives, each person must complete this form. Additional forms will follow:  Yes  No

**Section IV**

I/we certify the information contained in this form and in any attached document(s) is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Executor, Administrator, or Person Authorized to sign for the decedent

\_\_\_\_\_  
Date (dd/mm/yy)

**Note:** The Personal Representative(s) who have completed this form must sign all CKC applications that are submitted to the CKC on behalf of the deceased person.