

Personal Information
(As required by the Department of Vital Statistics)

Full Legal Given Name: _____

Date of Birth: _____

Place of Birth: _____

Street Address: _____

Occupation (*prior to retirement*): _____

Social Insurance Number: _____

Alberta Health Care Number: _____

Driver's License Number: _____

Spouse's Name (*maiden name if applicable*): _____

Spouse's Date of Birth: _____

Spouse's Place of Birth: _____

Spouse's Social Insurance Number: _____

Father's Full Legal Given Name: _____

Father's Place of Birth: _____

Mother's Full Legal Given Name: _____

Mother's Place of Birth: _____