



# Capital Health

People Services  
1<sup>st</sup> Floor Bethune Bldg, VG Site, QEII  
1276 South Park St, Halifax, NS B3H 2Y9  
Fax: 473-8499  
Phone: 473-5757

## **BEREAVEMENT NOTIFICATION (EMPLOYEE'S FAMILY MEMBER)**

Please complete this form and the CEO will acknowledge the death of a member of an employee's immediate family by a card and letter upon receipt of the notification form. Attach obituary if available.

<b>NOTIFICATION SENT BY:</b>		
_____ / _____ / _____		
<b>NAME</b>	<b>TITLE</b>	<b>CONTACT NUMBER</b>
<b>DATE</b> _____ / _____	<b>COMMENTS</b> _____	
_____		

<b>NAME OF EMPLOYEE TO BE ACKNOWLEDGED:</b> (include second initial or name)
_____
<b>ADDRESS OF EMPLOYEE:</b> _____
_____
<b>EMPLOYEE'S JOB TITLE:</b> _____
<b>EMPLOYEE'S DEPARTMENT/SITE:</b> _____

<b>NAME OF DECEASED:</b> _____
<b>RELATIONSHIP TO EMPLOYEE:</b> _____
<b>DATE OF DEATH:</b> _____

**Fax to: People Services (902) 473-8499**  
**Questions/Concerns, please call (902) 473-5757**

### To be completed by People Services

**Date Processed:** \_\_\_\_\_ **By Whom:** \_\_\_\_\_

**Copy of Obituary attached:**     YES                       NO

**Comments:** \_\_\_\_\_