



Supply Requisition Form

[Empty box for Organization Name]

ORGANIZATION NAME

[Empty box for Attention]

ATTENTION

[Empty box for Full Mailing Address]

FULL MAILING ADDRESS

CITY

POSTAL CODE

PHONE NUMBER

[Empty box for Email Address]

EMAIL ADDRESS

[Empty box for Physician Name(s) & MSP Number(s)]

PHYSICIAN NAME(S) & MSP NUMBER(S)

Email your completed order form to the Vital Statistics Stockroom at HLTH.VSSTOCK@gov.bc.ca or FAX it to (250) 952-9094.

****Allow 7-10 business days for processing – Mailing time is extra****

Quantity	Form #	Form name
.	VSA 406A	Medical Certificate of Death (MCOD)

If you have questions regarding ordering Vital Statistics forms, contact the Vital Statistics Stockroom at 250-952-9091.

X _____
SIGNATURE OF ORIGINATOR

DATE

X _____
SIGNATURE OF VITAL STATISTICS STOCKROOM COORDINATOR

DATE

Before forwarding your request to the Vital Statistics Agency, please keep a copy for your records.