

Office of the Chief Medical Examiner
Human Remains Transport Form

Service Provider:	
Date of Service:	
Name of Deceased:	
Address of Deceased:	
Responding RCMP Officer(s) OR Medical Examiner:	
Time Call was Received:	Time of Return:
Regular Working Hours (\$295):	After Regular Working Hours (\$395):
Total Wait Time at Scene: hrs	\$50 x Total Wait Time at Scene = \$
Number and Names of Funeral Attendants at Scene (including driver):	
1. _____	(included in fee)
2. _____	(included in fee)
3. _____	(\$75)
4. _____	(\$75)
If additional Funeral Attendants were required, please explain:	
Origin of Transport:	
Destination of Transport:	
Total Mileage:	Did Mileage Exceed 80 KM?
Mileage Rate = 1.25 x KM (for trips over 80 KM Total Mileage = 1.25 x _____ = \$_____	
Was use of a utility van required (\$75 – special circumstances only)?	
Was use of a body pouch required (\$35)?	
Additional human remains (\$75)?	
Was a steel container and flight arrangements required (\$225)?	
Additional Comments:	

