



REQUEST FOR T2202a INFORMATION OF A DECEASED INDIVIDUAL

Required Information:

Name of Applicant: _____

Relationship to Deceased: _____

Address: _____

Postal Code: _____

Daytime telephone number: _____

Name of Deceased: _____

Student Number (if known): _____

Tax Year(s) Requested: _____

Delivery Method (check one):

Pick up myself*

Pick up by a person I authorize*:

(first and last name of person authorizes to collect the document)

Mail or Fax**

Courier** (cannot courier to a PO BOX)

Additional courier fees will apply:

- \$20.00 Anywhere in Canada
- \$50.00 Anywhere in U.S.A
- \$100.00 International/Overseas

* Photo ID will be required upon pick up.

**Please complete the Delivery Information section, below.

Delivery Information:

Recipient Name: _____

Address or Fax: _____

Note: Items cannot be couriered to a PO BOX number.

City and Province/State: _____ Postal/Zip Code: _____

Authorization:

➤ Signature: _____

Date: _____

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