

## **Appendix F NOTICE AND CONSENT RE: PRIVACY**

I consent to the use of information provided on the forms in support of my claim to the Funeral Services Compensation Fund (Fund), and/or in the use of information obtained as a result of verifying the information provided by me, to determine the eligibility of my claim, and to the use and disclosure of such information to others for purposes consistent with the Fund and the *Funeral, Burial and Cremation Services Act, 2002* (FBCSA).

I authorize the Bereavement Authority of Ontario (BAO) and the Compensation Fund Committee to collect such additional information about me as may be necessary to complete or verify the information contained in these forms, and further agree to furnish any additional authorization or release to obtain information to determine my eligibility for compensation from the Fund.

The sources that the BAO and the Compensation Fund Committee may seek information from include, but are not limited to, the operator and FBCSA licensees, law enforcement agencies, insurance companies and other agencies that may be deemed necessary.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE OF WITNESS

SIGNATURE OF CLAIMANT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS