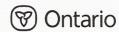
Ministry of Government Services

Office of the Registrar General



Statement of death - Form 15

Note: Form 7 must be completed for stillbirths. This is a permanent record. Please PRINT clearly in blue or black ink.

Hospital code number

INFORMATION ABOUT THE	DECEASED					· N	
1. Last name			Social insurance number (optional)				
3. First and middle names						Sex (M or F)	
4. Date of death (d/m/y)	5. Date of birth (d/m/y)	6. City and provi	nce where born (if	outside of Ca	nada, state the c	ountry)	
7. Age at time of death (years)	If less than a year old (months and days) If less than a day old (hours and minutes)						
8. Place of death (name of facility or	ocation)		hospital	nursing home	residence	other (please specify)	
City, town, village or township				region	nal municipality, o		
Name of physician/coroner/other v	vho pronounced death 10. Marita	al or relationship status	(check one)			same-sex	
11. Last name of the deceased's spou		ngle married or relationship)	widowed	divorced	common-la	aw partner	
	·						
12. Type of work done most of working	g life		pe of business or orking life	industry that t	he deceased wor	rked in most of	
14. Deceased's usual residence (street	number and name, city, province,	postal code (do not use	post office box o	r rural route)			
15. City and province where father wa	s born (if outside of Canada, state t	he country) 16. Fa	ather's name (last,	first)			
17. City and province where mother w	as born (if outside Canada, state th	e country) 18. M	lother's maiden na	me (last, first)			
TO BE COMPLETED ONLY E	BY THE PERSON PROVIDIN	NG THIS INFORMA	ATION				
19. Name (last, first, middle)	20. Relationship		o deceased		21. Signature		
22. Address (street number and name, city, province, postal code)					Date (d/m/y)		
TO BE COMPLETED ONLY E	BY THE FUNERAL DIRECTO	OR OR PERSON(S) IN CHARGE	OF REMA	INS		
23. Type of disposition (burial, cremat specify)					24. Proposed date of disposition (d/m/y)		
25. Name and address of proposed co	emetery, crematorium or place of di	sposition					
6. Name of funeral director (last, first, middle)			27. Nam	27. Name of funeral home			
28. Address of the funeral home (stree	et number and name, city, province,	postal code)					
Signature of funeral director		30. Busi	30. Business code number		31. Date (d/m/y)		
X TO BE COMPLETED ONLY E	BY THE DIVISION REGISTR	RAR			,		
Name of person who issued burial pe		Place of	fissue	Date	issued (d/m/y)		
By signing below, I am satisfied that the	information in the Medical certificate						
Signature X		Date (d/m/y)	Hegistra	ation number	Div.	Reg. code number	
For the use of the Office of the Reg	istrar General only						

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Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-8305