

Statement of death - Form 15

Hospital code number

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

INFORMATION ABOUT THE DECEASED

1. Last name		2. 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 province where born (if outside of Canada, state the country)	
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 location)		<input type="checkbox"/> hospital	<input type="checkbox"/> nursing home
		<input type="checkbox"/> residence	<input type="checkbox"/> other (please specify)
City, town, village or township		regional municipality, county or district	
9. Name of physician/coroner/other who pronounced death		10. Marital or relationship status (check one)	
		<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> common-law <input type="checkbox"/> same-sex partner	
11. Last name of the deceased's spouse or partner (before this marriage or relationship)			
12. Type of work done most of working life		13. Type of business or industry that the deceased worked in most of working life	
14. Deceased's usual residence (street number and name, city, province, postal code (do not use post office box or rural route))			
15. City and province where father was born (if outside of Canada, state the country)		16. Father's name (last, first)	
17. City and province where mother was born (if outside Canada, state the country)		18. Mother's maiden name (last, first)	

TO BE COMPLETED ONLY BY THE PERSON PROVIDING THIS INFORMATION

19. Name (last, first, middle)	20. Relationship to deceased	21. Signature
		X
22. Address (street number and name, city, province, postal code)		21. Date (d/m/y)

TO BE COMPLETED ONLY BY THE FUNERAL DIRECTOR OR PERSON(S) IN CHARGE OF REMAINS

23. Type of disposition (burial, cremation or if other specify)	24. Proposed date of disposition (d/m/y)	
25. Name and address of proposed cemetery, crematorium or place of disposition		
26. Name of funeral director (last, first, middle)	27. Name of funeral home	
28. Address of the funeral home (street number and name, city, province, postal code)		
29. Signature of funeral director	30. Business code number	31. Date (d/m/y)
X		

TO BE COMPLETED ONLY BY THE DIVISION REGISTRAR

Name of person who issued burial permit	Place of issue	Date issued (d/m/y)	
By signing below, I am satisfied that the information in the Medical certificate of death and this Statement of death is correct and sufficient and I agree to register the death.			
Signature	Date (d/m/y)	Registration number	Div. Reg. code number
X			

For the use of the Office of the Registrar General only

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INSTRUCTIONS

1. Under **Item 12**, the trade, profession or kind of work in which the deceased was employed during most of his (her) working life is to be inserted, for example, physician, sales clerk, office clerk, sales person, labourer, carpenter, et cetera.
2. Under **Item 13**, the type of industry or business in which the deceased was employed during most of his (her) working life is to be inserted, for example, law office, department store, insurance, banking, clothing factory, newspaper, et cetera.

LEGAL REQUIREMENTS UNDER THE VITAL STATISTICS ACT

21. (2) A statement in the prescribed form containing personal particulars of the deceased person shall, upon the request of the funeral director in charge of the body, be completed, certified and delivered to the funeral director.
 - (a) by the nearest relative present at the death or last illness, or any relative who may be available;
 - (b) if no relative is available, by the occupier of the premises in which the person died, or if the occupier be the person who has died, by any adult person residing in the premises who was present at the death or has knowledge of the personal particulars,
 - (c) if the death occurred in unoccupied premises and no relative is available, by any adult person who was present at the death or has knowledge of the personal particulars: or
 - (d) by the coroner who has been notified of the death and has made an investigation or held an inquest regarding the death.
25. (1) Subject to subsection 24(2), no person shall bury, cremate or otherwise dispose of the body of any person who dies within Ontario or remove the body from the registration division within which the death occurred or the body is found, and no person shall take part in or conduct any funeral or religious service for the purpose of burial, cremation or other disposition of the body of a deceased person, unless the death has been registered under this Act and an acknowledgement of registration of death and a burial permit has been obtained from the division registrar.
53. (1) No division registrar, sub-registrar, funeral director or person employed in the service of Her Majesty shall communicate or allow to be communicated to any person not entitled thereto any information obtained under this Act, or allow any such person to inspect or have access to any records containing information obtained under this Act.

Personal information contained on 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:

Deputy Registrar General
P.O. Box 4600
189 Red River Road
Thunder Bay, Ontario
P7B 6L8

Telephone 1-800-461-2156