

Note: Form 7 must be completed for stillbirths. This is a permanent legal record.

Please PRINT clearly in blue or black ink.

Office Use Only

**Information About the Deceased**

1. Last name or single name		2. Last name or single name at time of birth		
3. First and middle names		Any other names used		Sex
4. Date of death (yyyy/mm/dd)	5. Date of birth (yyyy/mm/dd)	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. Social insurance number (optional)	
9. Place of death (name of facility or location)		<input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care <input type="checkbox"/> Private Residence <input type="checkbox"/> Other (specify)		
City, town, village or township		Regional municipality, county or district		
10. Name of physician/coroner/coroner investigator/RN(EC)/RN who pronounced death		11. 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		
12. Last name or single name of the deceased's spouse or partner (before this marriage or relationship)		First and middle name		
13. Type of work done most of working life		14. Type of business or industry that the deceased worked in most of working life		
15. Deceased's usual residence (street number and name, city, province, postal code (do not use post office box or rural route))				
16. Parent's name (last, first and middle name or single name)		17. City and province where parent was born (if outside Canada, state the country)		
18. Parent's name (last, first and middle name or single name)		19. City and province where parent was born (if outside Canada, state the country)		
20. Parent's name (last, first and middle name or single name)		21. City and province where parent was born (if outside Canada, state the country)		
22. Parent's name (last, first and middle name or single name)		23. City and province where parent was born (if outside Canada, state the country)		

**To be Completed by the Person Providing this Information**

24. Your name (last, first and middle name or single name)	25. Relationship to deceased	26. Signature
27. Address (street number and name, city, province, postal code)		Date (yyyy/mm/dd)

**To be Completed by the Funeral Director or Person(s) in Charge of Remains**

28. Type of disposition (burial, cremation or if other specify)	29. Proposed date of disposition (yyyy/mm/dd)	
30. Name and address of proposed cemetery, crematorium or place of disposition		
31. Your name (last, first and middle name or single name)	32. Name of funeral home	
33. Address (street number and name, city, province, postal code)		
34. Signature of funeral director	35. Business code number	36. Date (yyyy/mm/dd)

**To be Completed by the Division Registrar**

Name of person who issued burial permit		Place of issue	Date issued (yyyy/mm/dd)
By signing below, I am satisfied that the information in the corresponding Medical Certificate of Death and this Statement of Death is correct and I agree to register the death.			
Signature	Date (yyyy/mm/dd)	Registration number	Div. Reg. code number

For the use of the Office of the Registrar General only