Statement of death - Form 15

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

(A)	Ontario
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Hospital code number

NFORMATION ABOUT THE DECEASED	
. Last name	2. Social insurance number (optional)
First and middle names	Sex (M or F)
. First and middle names	Sex (W OF P)
. 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)
Date of documents)	o. Sily and province misro som (in satisfactor) states and sociality)
. Age at time of death (years)	nan a year old (months and days) If less than a day old (hours and minutes)
in loss th	in 1886 that a day of thous and minutes,
. Place of death (name of facility or location)	nursing other
. Trace of death (harne of facility of location)	nospital home residence (please
	specify)
ity, town, village or township	regional municipality, county or district
Name of physician/coroner/other who pronounced	d death 10. Marital or relationship status (check one)
Name of physicial/colone/other who pronounced	same-s
	single married divorced common-law partner
1. Last name of the deceased's spouse or partner (b	pefore this marriage or relationship)
2. Type of work done most of working life	13. Type of business or industry that the deceased worked in most of working life
	WORKING INC
4. Deceased's usual residence (street number and na	ame, city, province, postal code (do not use post office box or rural route)
5. City and province where father was born (if outsid	le of Canada, state the country) 16. Father's name (last, first)
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	ide Canada, state the country) 18. Mother's maiden name (last, first) 28. Son Providing This Information 20. Relationship to deceased 21. Signature
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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.