



Office of the Registrar General  
Bureau du registraire général

Certified  
A True  
Photostatic  
Print  
of a Record

Photocopie certifiée  
conform d'un document

on file at the  
se trouvant dans les dossiers du

Office of the Registrar General  
Ontario, Canada  
Bureau du registraire général  
(Ontario) Canada

Registration Number:  
Numéro d'enregistrement :

PAGE 1 of 1  
1999 035493

Certificate number:  
Numéro du certificat :

Date issued:  
date de délivrance :

File number:  
Numéro du file :



Province of Ontario  
(Canada)  
Office of the  
Registrar General

Statement of  
Death

Registration (Department use only)

IMPORTANT: Read reverse side before completing  
Type of print plainly in blue or black ink and complete all items.  
Cette formule est disponible en français

Form 15  
(V2A 1990)

This is a permanent legal record.  
This form and Form 15 Medical Certificate of Death  
must be filed with the Division Registrar before a  
Burial Permit can be issued.

Name of deceased	1. Surname of deceased		Social Insurance Number	
	All given names		2. Sex	
Date of death	3. Month (by name), day, year of death			
Place of death	4. Name of hospital or institution (otherwise give exact location where death occurred)			
	Borough, city, town, village, township, (by name)		Regional municipality, county, or district	
Birthdate	5. Month (by name), day, year of birth		6. Age (years)	If under 1 year (Months) (Days) (Hours) (Minutes)
	7. City or place of birth		Province (or country)	
Marital status	8. Single, married, widowed or divorced (specify)		9. If married, widowed or divorced, give full name of husband or full maiden name of wife	
	10. Type of work done during most of working life		11. If business, industry or profession in which deceased worked during	
Occupation	12. Surname and all given names		13. Province (or country)	
Father	14. Maiden surname and all given names of mother		15. Province (or country)	
Usual residence	16. Complete address. If rural give exact location (name of farm, road, etc.)			
	Borough, city, town, village, township, (by name)		Province (or country) Postal Code	
Signature of informant	17. Signature of informant (Print name)		18. Relationship to deceased	
	19. Date: Month (by name), day, year		20. Date: Month (by name), day, year	
Disposition	21. Proposed date of burial or disposition (month, day, year)		22. Proposed date of burial or disposition (month, day, year)	
	23. Name and address of proposed cemetery, crematorium or place of disposition			
Funeral Director	24. Name and address of funeral home (or person in charge of remains)		Postal Code	
	25. Signature of funeral director (Print name)		Business Code No. Date: Month (by name), day, year	
Certification of division registrar	Burial permit issued by _____ Address _____ Date issued: Month (by name), day, year		I am satisfied as to the correctness and accuracy of this statement and the medical certificate of death, and I register the death by signing the statement and the medical certificate of death.	
	Registration number _____ Division Registrar Code Number _____		Signature of Division Registrar _____	
For Office of the Registrar General Use Only		For Division Registrar Use Only		

8-2300-04.1: 1997-09-30

Indira Singh

Indira Singh

---CERTIFIED COPY---  
NOT VALID WITHOUT ALL PAGES

