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Ontario

MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE
(Convention de La Haye du 5 Octobre 1961)

1. Country: / **Pays :** **Canada**

This public document / **Le présent acte public**

2. has been signed by / **a été signé par**

3. acting in the capacity of / **agissant en qualité de** **Vital Stats Register**

4. bears the seal / stamp of / **est revêtu du sceau / timbre de** **DEPUTY REGISTRAR GENERAL**

Certified
Attesté

5. at / **à** **Toronto, Ontario**

6. the / **le** **2024-12-23**

7. by / **par** **Manager Official Documents Services**

8. N° / **sous n°** **ON-24**

9. Seal / stamp / **Sceau / timbre :**

10. Signature / Signature :

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Ontario ServiceOntario

Office of the Registrar General

Statement of Death Form 15

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: Chan

3 First and middle names: L

Any other names used

Sex: Female

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): China

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)

☐ Hospital ☐ Long Term Care ☒ Private Residence ☐ Other (specify)

City, town, village or township

Regional municipality, county or district

10 Name of physician/coroner/RN(EC) who pronounced death

11. Marital or relationship status (check one)

☐ Single ☐ Married ☒ Widowed ☐ Divorced ☐ 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): Interment

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 of the funeral home (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

AUG 1 2 2021