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** [redacted]

3. acting in the capacity of / **agissant en qualité de** **Notary Public**

4. bears the seal / stamp of / **est revêtu du sceau / timbre de** **Notary Public**

Certified
Attesté

5. at / **à** **Toronto, Ontario**

6. the / **le** **2025-07-23**

7. by / **par** [redacted]

8. N° / **sous n°** [redacted]

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

10. Signature / Signature : [redacted]

- This Apostille only certifies the signature, the capacity of the signer, and, where appropriate, the seal or stamp it bears. It does not certify the content of the document for which it was issued. Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.
- This Apostille is not valid for use anywhere within Canada. L'utilisation de cette Apostille n'est pas valable au Canada.
- If this document is to be used in a country which is not party to the Hague Convention of 5 October 1961, it may need to be legalized by a consular office of the country of destination. Si ce document est destiné à un pays non partie à la Convention de La Haye du 5 octobre 1961, il pourrait nécessiter un légalisation par un consulat du pays de destination.
- To verify the issuance of this Apostille, see [www.officialdocuments.mgcs.gov.on.ca/en-US/validity-check/]. Cette Apostille peut être vérifiée à l'adresse suivante : [https://www.officialdocuments.mgcs.gov.on.ca/fr-FR/validity-check/]

AFFIDAVIT

[redacted] translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.

2. I have translated the annexed documents and carefully compared the translations from English into Chinese with regard the following documents:

   Medical Certificate of Death
   Statement of Death

3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan Toronto)
)
This 22nd day of July, 20[redacted])
)
)
)
)
)
)
)

[redacted]

A Notary Public in and for the
Province of Ontario

[redacted]

安大略省　　已公证的记录复印件　　加拿大安大略省总注册官办公室存档

注册编号：2025
第 1 页，共 2 页
证书号码：
签发日期：2025 年 7 月 日
文件号：

总注册官办公室

安大略省　　**Service Ontario**　　总注册官办公室

死亡声明书
表 15
官方使用

注：死产必须填写表格 7，这是永久的法律记录。请用蓝色或黑色墨水书写清楚。

死者信息

1.姓或婚前姓：		2.出生时的姓氏或婚前姓：	
3.名和中间名：		曾用名	性别：女
4.死亡日期：2025 年 月 日	5.出生日期：19 年 月 日	6.出生的城市和省（如果在加拿大以外，说明国家）中国	
7.死亡时年龄（年份）岁	如果小于一岁（月和日）	如果小于一天（小时和分钟）	8.社会保险号码（可选）
9. 死亡地点（机构名称或地点）ill Court		☐医院☐长期照料 ☑ 私人居所☐其他（具体说明）	
城市、城镇、村庄或乡镇（士嘉堡）多伦多		区域市镇、国家或地区	
10. 宣布死亡的医生/验尸官/护士的姓名		11. 婚姻或感情状况（（请选择）☐未婚☐已婚 ☑ 寡居☐离婚☐同居	
12.死者的配偶或伴侣姓氏或婚前姓（在本婚姻或关系之前）：		名和中间名：	
13.从事的工作类型-工作生涯的大部分时间：教师		14.死者在大多数职业生涯中的商业或行业类型：中国的学校体系	
15. 死者的常住地（街道编号和名称、城市、省、邮政编码）（不能使用邮箱或乡村路线）			
16. 出生时父母的姓名（姓、名，中间名）或婚前姓名 未知		17.父母出生的城市和省（如果在加拿大以外，说明国家）中国	
18.出生时父母的姓名（姓、名，中间名）或婚前姓名		19.父母出生的城市和省（如果在加拿大以外，说明国家）中国	
20.出生时父母的姓名（姓、名，中间名）或婚前姓名		21.父母出生的城市和省（如果在加拿大以外，说明国家）	
22.出生时父母的姓名（姓、名，中间名）或婚前姓名		23.父母出生的城市和省（如果在加拿大以外，说明国家）	

仅由提供此信息的个人完成：

24.姓名：	25.与死者的关系：儿子	26.签名：[签名]
27. 地址（街道编号和名称、城市、省、邮政编码）		日期（年/月/日）：2025 年 2 月 18 日

只由殡葬主任或坟场负责人填写

28. 处置类型（埋葬、火葬或其他指明）火化	29.拟议处置日期（年/月/日）2025 年 2 月 21 日
30. 拟议的坟场火葬场或处置地点的名称及地址 dbine Avenue ormley Ontario Canada	
31.名字：	32. 殡仪馆名称 nd Fu e
33. 殡仪馆地址（街道编号和名称、城市、省、邮政编码）	
34.殡仪馆主任签名：[签名]	35. 商业代码号码： 36.日期（年/月/日）2025 年 月 日

由分区注册官完成

签发殡葬许可人员的姓名：[签名]	签发地点：多伦多	日期（年/月/日）2025 年 月 日
我确信相应的死亡证明和这份死亡陈述中的信息是正确的，我同意登记死亡。特此签名		
签名：[签名]	日期（年/月/日）2025 年 月 日	注册号： 分区登记号码：

仅供总注册官办公室使用

大略皇后印刷公司 20

丧葬处置

页码：1/2

注册局副主任

认证过的副本
如果页面不全则无效

章：总注册官

(24)

Ontario
Office of the Registrar General
Bureau du registraire général

Certified A True Photostatic Print of a Record

Photocopie certifiée conforme d'un document

on file at the
Office of the Registrar General
Ontario, Canada

déposée aux dossiers du
Bureau du registraire général
(Ontario) Canada

Registration Number:
Numéro d'enregistrement : 2025 PAGE

Certificate number:
Numéro du certificat : P

Date issued:
Date de délivrance : JU 25

File number:
Numéro de dossier : 0

Ontario ServiceOntario

Office of the Registrar General

Statement of Death
Form 15

Office Use Only

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

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**
		F
4. Date of death (yyyy/mm/dd)	**5. Date of birth (yyyy/mm/dd)**	**6. City and province where [illegible] (if outside of Canada, state the country)**
20		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)**

9. Place of death (name of facility or location)
☐ Hospital ☐ [illegible] Care ☒ Private Residence ☐ Other (specify)

City, town, village or township: (Scarborough) — Regional municipality, county or district

10. Name of physician/coroner/RN(EC) who pronounced death	11. Marital or relationship status (check one)
Dr [illegible]on	☐ 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
Ye	

13. Type of work done most of working life	14. Type of business or industry that the deceased worked in most of working life
T[illegible]cher	S[illegible]Syst[illegible]a

15. Deceased's usual residence(street number and name, city, province, postal code(do not use post office box or rural route))
[illegible] St[illegible] Court Scarb[illegible]ough, [illegible]

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)
[illegible]	[illegible]
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)**
[illegible]	[illegible]
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. Par[illegible]t'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
[illegible]	Son	[illegible]
27. Address (street number and name, city, province, postal code)		**Date (yyyy/mm/dd)**
1[illegible] London Ontario N[illegible]		[illegible]18

To be C[illegible]mpl[illegible]d by the Fun[illegible]ector [illegible]son[illegible] Remains

28 Type of disposition (burial, cremation or if other specify)	29. Proposed date of disposition (yyyy/mm/dd)
C[illegible]	[illegible]

30. Name and address of proposed cemetery, crematorium or place of disposition
Highland Hills Memorial C[illegible]ine A[illegible]y C[illegible] L[illegible] Canada

31. Your name (last, first and middle name or single name)	32. Name of funeral home
[illegible]	[illegible]me

33. Address of the funeral home (street number and name, city, province, postal code)
[illegible] Sheppard Av[illegible] East Toronto Ont[illegible]

34. Sign[illegible]	35. Business code number	36. Date (yyyy/mm/dd)
[illegible]	[illegible]	20[illegible]3

To be Completed by the Div[illegible]egistrar

Name of person who issued burial permit	Place of issue	Date issued (yyyy/mm/dd)
[illegible]	[illegible]	[illegible]

By signing below, I am satisfied t[illegible]e information in the corresponding Medical Certificate of Death and this Statement of Death is correct an[illegible]ve to register the death.

Signature	Date (yyyy/mm/dd)	Registration [illegible]	Div. Reg. code n[illegible]
	[illegible]	[illegible]	20[illegible]C

For the use of the Office [illegible]he Registrar General only

Disponible en français

I certify that th[illegible]y
of th[illegible]gin[illegible]ment
D[illegible]te: 27th [illegible] 2025

[illegible]

Deputy Registrar General
Registraire générale adjointe
de l'état civil

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

10/24)