

Request for Death Certificate

(For deaths which took place in Ontario only)

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

If you have any questions, please contact the

Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Telephone: 1-800-461-2156 (outside of Toronto)
416-325-8305 (in Toronto)
416-325-3408 (TTY/Teletypewriter)
Fax: 807-343-7459

Please PRINT clearly in blue or black ink.

In the context of this form, the word 'Applicant' refers to the person completing this Request.

Applicant Name

First Name	Last Name
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Mailing Address

Organization / Firm (if applicable)				
Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City/Town		Province	Country	Postal Code
Telephone Number (including area code)		Ext.		

What Information are you Requesting and How much will it Cost?

- Death Certificate (File Size)**
 This contains basic information, such as name, date and place of death.

\$15.00 each Quantity \$

- Certified Copy of Statement of Death (Long Form)**
 This contains all information registered on the Statement of Death including signatures.

\$22.00 each Quantity \$

- Certified Copy of Statement of Death and Medical Certificate of Death (Extended Long Form)**
 This contains all information registered on both the Statement of Death and Medical Certificate of Death including signatures and cause of death information.

\$22.00 each Quantity \$

- Search**
 A search results in a letter that either confirms a death registration exists or that there is no registration. If you don't know the exact date of death, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years. You may also request a search of additional years, in increments of five years.

Each 5 years searched\$15.00 \$

Range of years searched _____ to _____

The Office of the Registrar General holds records for deaths that happened in Ontario during the past 70 years.

To obtain older records, contact:

The Archives of Ontario
134 Ian Macdonald Boulevard
Toronto ON M7A 2C5
1-800-668-9933
416-327-1600

Details of Deceased Person

Last Name of Deceased				First Name		Middle Name(s)
Date of Death Year	Month	Day	Sex	Age (at time of death)	Marital Status (at time of death)	Place of Death (City, Town, Village)
If the person was married or in a common-law relationship at the time of death, name of spouse or partner (Last name before marriage)						
				First Name		Middle Name(s)
Mother's Maiden Name (Last Name before marriage)				First Name		Middle Name(s)
Father/Other Parent's Name (Last Name)				First Name		Middle Name(s)

Details of Applicant (If you are only applying for a death certificate, please skip this section.)

If you are applying for a Certified Copy of a Statement of Death and/or a Medical Certificate of Death (Long Form or Extended Long Form), please indicate to which category of entitled individuals (see Instruction #1) you belong:

Next of Kin

Parent Spouse/Common Law Partner Child Sibling

If all of the above Next of Kin are deceased, and you are the Extended Next of Kin (see instruction #1), please indicate your relationship to the deceased person _____

When you request a Certified Copy of Statement of Death, the Office of the Registrar General requires you to certify that you are the Next of Kin or if all the Next of Kin are deceased, you are the Extended Next of Kin.

I, _____, am the _____ of _____. I certify that I am the Next of Kin, or all of the Next of Kin are deceased, and I am the Extended Next of Kin.

Authorized Representative

Authorized Representative of any entitled individual (see Instruction # 2).
Proof of authorization is required and must be attached to the application (see Instruction #3).

Why are You Requesting this Information? (Select One)

pension benefits insurance
 immigration estate settlement other (describe) _____

I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Government Services collecting information about myself and the person(s) named on the Record from such other sources as may be necessary to verify the information on this form and my entitlement to the service required, and to the disclosure of such information to the Ministry of Government Services. I am aware that it is an offence to wilfully make a false statement on this form.

Signature of Applicant	Daytime Telephone Number (including area code)		Date Signed		
		Ext.	Year	Month	Day

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for security and law enforcement purposes. It is an offence to wilfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone outside Toronto: 1-800-461-2156 or in Toronto: 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408, or Fax: 807-343-7459.

Instruction #1

Next of Kin are entitled to apply for a Certified Copy of a Statement of Death and/or a Medical Certificate of Death. Next of Kin include: *Spouse, **Common Law Partner, Mother, Father / Other Parent, Daughter, Son, Sister, and Brother.

If all of the above individuals are deceased, the Extended Next of Kin may apply. Extended Next of Kin include: Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild.

*Spouse means either party to a marriage.

**Common Law Partner means two people living together continuously in a conjugal relationship outside of marriage for a period of no less than 3 years or two people who have lived together in a relationship of some permanence if they are the parents of a child.

Instruction #2

Authorized Representatives include an estate trustee, an executor or administrator, a person with power of attorney or a person with legal guardianship acting on behalf of the deceased or an entitled individual.

Instruction #3

Proof of Authorization includes a certificate of appointment of estate trustee, letters of administration, a will, proof of power of attorney and proof of legal guardianship.

Instruction #4

An "other parent" refers to a person who is named as a parent on the deceased's birth registration, where the biological father of the deceased is unknown and the deceased was born from assisted conception with an anonymous sperm donor.

Mail the Completed Request to:
The Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Fax: 807-343-7459

If you require faster service than 6-8 weeks, please apply online at www.ServiceOntario.ca

Payment Method and Credit Card Authorization

Applicant's Information

Applicant's First Name

Applicant's Last Name

Person Named on the Death Certificate

Last Name of Deceased

First Name

Middle Name(s)

- If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard.
- We will not accept post-dated cheques. An administration fee of \$35.00 will be applied to any cheques returned by a Financial Institution.
- We **DO NOT** accept cash as payment for any type of application.
- Please note that fees are subject to change without notice. You may send your request by mail, and pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard.

Your Payment Options

- Cheque or Money Order. Please make payable to: "Minister of Finance".
- Credit card payment. Please complete Credit Card Information below. ▼
You must pay by credit card if you are faxing your request to us.
Our fax number is: **807-343-7459**.

Credit Card Information

Print Name of Cardholder (*as it appears on the credit card*)

Name of Credit Card Company

VISA

MasterCard

Signature of Cardholder

X

Date

Year

Month

Day

Credit Card Number (print clearly)

Expiration Date

MM

YY