


If you have any questions, please contact the Office of the Registrar General
P.O. Box 4600, 189 Red River Road
Thunder Bay ON P7B 6L8
1-800-461-2156 or 416-325-8305 or Fax. 807-343-7459


(THIS SPACE RESERVED FOR OFFICE USE ONLY)

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	Buzzer No.	Apt. No.	PO Box
City/Town		Province	Country	Postal Code
 Telephone Number ()	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.
Range of years searched _____ to _____ Each 5 years searched\$15.00 \$

Information

<p>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 or American Express. US applicants may submit a US Postal money order in US funds. We will not accept post-dated cheques. We will charge \$35.00 if your</p>	<p>cheque is rejected because of insufficient funds. Please note that fees are subject to change without notice. If you send your request by mail, you can pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express. At our public counter, you can also pay by cash or debit card.</p>	<p>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 Attention: Vital Statistics Reference Archivist 77 Grenville Street, Toronto, ON M7A 2R9 or call The Vital Statistics Hot line at (416) 327-1593</p>
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Your Payment Options

<p><input type="checkbox"/> Cheque or Money Order. Please make payable to: "Minister of Finance"</p>	<p> Credit card payment: You must pay by credit card if you are faxing your request to us. Our fax number is 1-807-343-7459.</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p>
Card Number	Expiry Date (Month / Year)
Name of Cardholder	Signature of Cardholder

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'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 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	Ext.	Date Signed		
	()		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, P.O. Box 4600, 189 Red River Road, Thunder Bay ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-8305.

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, 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.

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

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