

Guidelines for Completing the Medical Certificate of Death and the Medical Certificate of Stillbirth

Vital Statistics, eHealth Saskatchewan

Preface

The intent of this document is to provide guidance on the completion of the Medical Certificate of Death form (not the registration of death form). This document does not contain guidelines for determining the cause(s) of death. The cause(s) of death rules of coding are established by the World Health Organization and used by Statistics Canada to code the cause(s) of death documented on the Medical Certificate of Death and Medical Certificate of Stillbirth.

Why is it important to complete the Medical Certificate of Death and Medical Certificate of Stillbirth correctly?

Death registration serves two purposes. First, the completed death/stillbirth registration form is a permanent legal record of the death/stillbirth of an individual. To this end, it records the personal information about the decedent and details of the circumstances of death/stillbirth that are legally required to issue a burial permit and to settle the estate, insurance, and pensions. Secondly, death/stillbirth registration forms, specifically the Medical Certificate of Death and Medical Certificate of Stillbirth, are the source of mortality statistics that form the basis of the oldest and most extensive public health surveillance systems. Statistics Canada requires death/stillbirth information to produce population estimates and projections, monitor demographic and health trends, contribute to methodological studies, support government policy and research studies and assist health professionals in disease surveillance and epidemiological studies. Vital statistics are the basis for important health and demographic indicators, such as life expectancy, infant mortality, cause(s) of death, fertility and mortality rates.

Who can complete the Medical Certificate of Death and Medical Certificate of Stillbirth?

Legislation was changed to accommodate the request to allow nurse practitioners (identified as prescribed practitioners Sections 15.1 and 25.1 in *The Vital Statistics Regulations*) to complete and sign the Medical Certificate of Death, Interim Medical Certificate of Death, Medical Certificate of Stillbirth and Interim Medical Certificate of Stillbirth. Sections 35(2)(c) and (d), 36, 49(1)(c) and (d) and 50 of *The Vital Statistics Act* now state that:

35(2) Unless there is reason to believe that a death occurred in any of the circumstances set out in *The Coroners Act, 1999* as circumstances in which notification is required to be given to a coroner, a medical certificate of death is to be prepared:

- (a) by a physician who was in attendance at the time of death or attended the deceased during the last illness of the deceased if the physician is able to make a reasonable determination of the medical cause of death;
- (b) if there is no attending physician who is able to make a reasonable determination of the medical cause of death, by any other physician who is able to make a reasonable determination of the medical cause of death;

(c) by a prescribed practitioner who was in attendance at the time of death or attended the deceased during the last illness of the deceased if the prescribed practitioner is able to make a reasonable determination of the medical cause of death; or

(d) if there is no prescribed practitioner mentioned in clause (c) who is able to make a reasonable determination of the medical cause of death, by any other prescribed practitioner who is able to make a reasonable determination of the medical cause of death.

36(1) A physician or prescribed practitioner who is awaiting the results of an autopsy, or a coroner to whom a death has been reported but who has not completed his or her responsibilities with respect to the death, may complete an interim medical certificate of death, in a form approved by the registrar, for the purpose of enabling a person to obtain a burial permit pursuant to section 42.

(2) A physician, prescribed practitioner or coroner who completes an interim medical certificate of death:

(a) must submit the interim medical certificate of death in accordance with clause 35(4)(a); and

(b) as soon as is practicable after the results of an autopsy have been received or the coroner's responsibilities have been completed, as the case may be, must complete a final medical certificate of death and submit it to the registrar.

35(4) Subject to sections 36, 37 and 38, as soon as is practicable after the death of an individual:

(a) the person who completes the medical certificate of death must submit the completed medical certificate of death:

(i) to the funeral director to whom the body has been released; or

(ii) if the body has not been released to a funeral director, to the registrar;

49(1) As soon as is practicable in the circumstances of a stillbirth, a medical certificate of stillbirth in the form approved by the registrar, setting out the cause of stillbirth, must be completed:

(a) by a physician who was in attendance at the time of the stillbirth;

(b) if there was no physician in attendance at the time of the stillbirth, by any other physician or a coroner;

(c) by a prescribed practitioner who was in attendance at the time of the stillbirth; or

(d) if there was no prescribed practitioner in attendance at the time of the stillbirth, by any other prescribed practitioner or a coroner.

(2) As soon as is practicable in the circumstances of a stillbirth:

(a) the person who completes the medical certificate of stillbirth must submit the completed medical certificate of stillbirth to the funeral director to whom the body has been released; and

(b) the funeral director must:

(i) send to the electronic database a confirmation of receipt of the completed medical certificate of stillbirth; and

(ii) submit the original medical certificate of stillbirth to the registrar.

50(1) A physician or prescribed practitioner who is awaiting the results of an autopsy, or a coroner to whom a stillbirth has been reported but who has not completed his or her responsibilities with respect to the stillbirth, may complete an interim medical certificate of stillbirth, in a form approved by the registrar, for the purpose of enabling a person to obtain a burial permit pursuant to section 56.

(2) A physician, prescribed practitioner or coroner who completes an interim medical certificate of stillbirth:

(a) must submit the interim medical certificate of stillbirth in accordance with subsection 49(2); and

(b) as soon as is practicable after the results of an autopsy have been received or the coroner's responsibilities have been completed, as the case may be, must complete a final medical certificate of stillbirth and submit it to the registrar.

15.1 For the purposes of clauses 35(2)(c) and (d) and subsections 36(1) and (2) of the Act, a nurse practitioner is a prescribed practitioner.

25.1 For the purposes of clauses 49(1)(c) and (d) and subsections 50(1) and (2) of the Act, a nurse practitioner is a prescribed practitioner.

General Guidelines

- Per *The Vital Statistics Act, 2009* original forms provided by eHealth Saskatchewan must be used.
- Any alterations or corrections to errors are to be initialed.
- Full text is to be used – avoid using medical abbreviations as abbreviations can have multiple meanings and may be misinterpreted.
- Record all entries in a legible manner. Illegible entries cannot be recorded and will affect the quality of statistical data.
- Original copies of the Medical Certificate of Death or Medical Certificate of Stillbirth are to be provided. Copies are not permitted, however may be accepted in extenuating circumstances with approval from eHealth Saskatchewan.
- Hospital labels must not be affixed to the Medical Certificate of Death or Medical Certificate of Stillbirth, as these are legal documents and are required to be completed by an individual. As per Section 14(3) of *The Vital Statistics Act, 2009*:
 - “No statement shall be accepted for the registration of an event unless:
 - a) the name of the subject individual and all other particulars expressed in words are written entirely in characters of the Roman alphabet; and
 - b) all particulars expressed in numerals, other than numerals that form part of an individual's name, are written entirely in Arabic numerals.”
- Documents are to be completed using blue or black ink.

- Definition of Stillbirth according to *The Vital Statistics Act, 2009*
 - “stillbirth” means the complete expulsion or extraction from the mother after at least 20 weeks’ pregnancy, or after attaining a weight of at least 500 grams, of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle; (« mortinaissance »)
- When completing the Interim Medical Certificate of Death/Interim Medical Certificate of Stillbirth use the Medical Certificate of Death/Stillbirth form, completing all the fields on the form except 10-17 on the Medical Certificate of Death and 11-15 on the Medical Certificate of Stillbirth. Note the Cause of Death field, should indicate that this is an Interim Medical Certificate of Death/Stillbirth by writing “Interim” or noting that the body is being released for post mortem examination.

Specific Guidelines

- The following fields are mandatory (**note**: these fields correspond to the new form and differences between the new form (coming soon) and the current form have been noted):
 - (1) Surname of Deceased
 - (1) Given Name(s) of Deceased
 - (2) Date of Birth (**new – to be introduced on the new forms (disregard if completing an old version)**)
 - (2) Date of Death
 - **Note:** The Date of Death has to be the date the deceased was pronounced dead and coincide with the medical records. (Any time after midnight is considered the next day)
 - (3) Sex of Deceased
 - (4) Saskatchewan Health Card Number (if applicable)
 - (5) Place of Death
 - **Note:** If the death did not occur in a hospital or institution, a street address (residential) or a land location is required.
 - (6) Cause of Death
 - **Note:** Please ensure the cause of death is as accurate and complete as possible. Medical cause of death is coded by Statistics Canada and they may follow up if this information is unclear or incomplete.
 - (7) Whether or not an autopsy is being conducted
 - (10) Manner of Death – indicate one of the following:
 - (A) Natural;
 - (B) Suicide;
 - (C) Homicide;
 - (D) Accident; or
 - (E) Undetermined
 - (11, 12, 13) If injury is reported, include how the injury occurred (these fields would only be completed where the death is unnatural and is being investigated by a coroner).
 - (14) If the sex of the deceased is female indicate if death occurred during pregnancy or within 90 days following termination of pregnancy
 - (15, 16, 17) Was there a surgical operation performed within 28 days of death
 - **Note:** If surgery is checked Yes, date of surgery and operative findings must be included

- (18) Print the name of the physician, prescribed practitioner or coroner
- (18) Print the mailing address of physician, prescribed practitioner or coroner
- (19) Identifies who is completing the form, check off one of the following designations:
 - (A) Attending physician;
 - (B) Physician attending after death
 - (C) Coroner
 - (D) Prescribed practitioner (i.e. nurse practitioner); or **(new – to be added on the new forms, if completing an old version draw a check box and write “Prescribed practitioner”)**
 - (E) Prescribed practitioner attending after death **(new – to be added on the new forms, if completing an old version draw a check box and write “Prescribed practitioner attending after death”)**
- (20) Sign your name on the Signature line
- (20) Fill in the Date of Signature
 - **Note:** The date cannot be before the date of death.

Appendix

Medical Certificate of Death (sample)

V.S. 5.2



This is a permanent legal document. Type or print in blue or black ink and complete all items. Ceci est un document juridique définitif. Dactylographier ou écrire en lettres moulées à l'encre bleue ou noire. Remplir toutes les cases.

		MEDICAL CERTIFICATE OF DEATH CERTIFICAT MÉDICAL DE DÉCÈS		Registration No. (office use only) N° d'enregistrement (à l'usage du Bureau)	
1 Surname of Deceased / Nom de famille de la personne décédée Doe		Given Name(s) / Prénom(s) John David		Burial Permit Number Nombre de Permis d'inhumer	
2 Date of Death / Date du décès Month / Mois: 04 Day / Jour: 15 Year / Année: 2016		3 Sex / Sexe Male		4 Saskatchewan Health Card Number Numéro de carte de santé de la Saskatchewan 1 2 3 4 5 6 7 8 9	
5 Place of Death - Name of hospital or institution (or give exact location where death occurred) Lieu du décès - Nom de l'hôpital ou de l'établissement (ou préciser l'endroit exact où s'est produit le décès) Regina General Hospital City, town, village or other place: (if rural, give section, township, range and meridian) Ville, village ou autre endroit: (si r. rural, indiquer la section, le canton, le rang et le méridien) Regina					
SEE REVERSE FOR INSTRUCTIONS BEFORE COMPLETING LIRE LES DIRECTIVES AU VERSO AVANT DE REMPLIR CE QUI SUIT					
6 Cause of Death / Cause du décès Part I / Partie I Immediate cause of death / Cause immédiate du décès a) CHF (Congestive Heart Failure) (due to, or as a consequence of / cause par (ou conséquence de)) Part II / Partie II Antecedent causes, if any, giving rise to the immediate cause as above, stating the underlying cause last / Causes antérieures, le cas échéant ayant provoqué la cause immédiate as. Mentionner la cause imédiate en dernier. b) Coronary Artery Disease due to, or as a consequence of / causé par (ou conséquence de) Other significant conditions contributing to the death but not causally related to the immediate cause as above / Autres affections importantes qui peuvent avoir contribué au décès mais qui ne sont pas directement reliées à la cause immédiate as)					
7 Autopsy being held? / Y a-t-il autopsie? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		8 Does the cause of death take into account the autopsy findings? / La cause du décès tient-elle compte des résultats de l'autopsie? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		9 May further information relating to the cause of death be available later? / Y aura-t-il d'autres renseignements ultérieurs concernant la cause de décès? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non	
10 Manner of Death / Genre de décès <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Cause indterminée		11 Place of injury (e.g. home, farm, highway, etc.) / Lieu de l'accident (e.g. maison, ferme, autoroute, etc.) /		12 Date of injury / Date de l'accident Month / Mois Day / Jour Year / Année	
13 How did injury occur? (describe circumstances) / Circonstances de l'accident (décrire) /					
14 If a woman, did death occur either during pregnancy or within 90 days following termination of pregnancy? / Si s'agit d'une femme, le décès s'est-il produit pendant une grossesse ou dans les 90 jours qui ont suivi la fin de la grossesse? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non					
15 Was there a surgical operation within 28 days of death? / Y a-t-il eu intervention chirurgicale dans les 28 jours précédant le décès? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		16 If "yes" give date of surgical operation / Si « oui », date de l'intervention Month / Mois Day / Jour Year / Année			
17 Operative findings? / Résultats de l'intervention? /					
18 Name of physician or coroner (print or type) / Nom du médecin ou du coroner (dactylographier ou écrire en lettres moulées) Mark Smith Address / Adresse 123 That Road, Regina SK, A3A 4B4					
<input type="checkbox"/> Attending physician / Médecin présent		<input type="checkbox"/> Physician attending after death / Médecin présent après le décès		<input type="checkbox"/> Coroner / Coroner	
<input checked="" type="checkbox"/> Prescribed Practitioner					
20 I certify that this medical certificate of death is true and correct to the best of my knowledge and belief / J'affirme qu'à ma connaissance, ce certificat médicale de décès est véridique et exact. Mark Smith Signature (attending physician, coroner) / Signature (médecin présent, coroner)					
		04 / 16 / 2016 Month / Mois Day / Jour Year / Année			

eHS-VS005 2-2013 06 16

Vital Statistics Registry

Medical Certificate of Stillbirth (sample)

		MEDICAL CERTIFICATE OF STILLBIRTH CERTIFICAT MÉDICAL DE MORTINAISSANCE		Registration No. (office use only) N° d'enregistrement (à l'usage du bureau)	
1. Surname / Nom de famille Smith		2. Sex / Sexe Male			
Given Name(s) / Prénom(s) Michael Jacob					
3. Date of stillbirth / Date de mortinaissance Month / Mois Day / Jour Year / Année 05 12 2016		4. Duration of pregnancy / Durée de la grossesse 38 (weeks / semaines)		5. Weight at stillbirth / Poids à la mortinaissance 1902 (grams/grammes)	
6. Place of Stillbirth - Name of Hospital or exact address where stillbirth occurred Lieu de mortinaissance - Nom de l'hôpital ou adresse exacte où a eu lieu la mortinaissance Royal University Hospital <small>City, town, village or other place. (If rural, give section, township, range and meridian)</small> <small>Village, ville ou autre endroit. (S'il s'agit d'une municipalité rurale, indiquer, la section, le canton, le rang, et le méridien)</small> Saskatoon					
SEE REVERSE FOR INSTRUCTIONS BEFORE COMPLETING LIRE LES DIRECTIVES AU VERSO AVANT DE REMPLIR CE QUI SUIT					
7. Cause of Death / Cause de décès Part I / Partie I Immediate cause - Fetal disease or condition directly leading to stillbirth Cause immédiate - Maladie ou état du fœtus entraînant directement la mortinaissance. a) Intrauterine Anoxia				Check whether fetal or maternal: Cocher: Fœtal Maternal <input checked="" type="checkbox"/> Fœtal <input type="checkbox"/> Maternal	
Antecedent causes - Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above, stating the underlying cause last. Causes antérieures - Affections du fœtus ou de la mère, ou les deux à la fois, ayant, le cas échéant, provoqué la cause immédiate a). Mentionner la cause initiale en dernier. b) Placental Insufficiency c) Chronic Kidney Disease				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Part II / Partie II Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not casually related to the immediate cause (a) above Autres affections importantes du fœtus ou de la mère qui peuvent avoir contribué à la mortinaissance mais qui ne sont pas directement reliées à la cause immédiate a)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Autopsy being held? / Y a-t-il autopsie? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		9. Does the cause of stillbirth take into account the autopsy findings? / La cause de la mortinaissance susmentionnée tient-elle compte des résultats de l'autopsie? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		10. May further information relating to the cause of stillbirth be available later? / Y aura-t-il d'autres renseignements ultérieurs concernant la cause de la mortinaissance? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non	
11. Manipulative, instrumental or other operative procedure for delivery? / Y a-t-il eu manipulation, usage d'instrument ou autre intervention lors de l'accouchement? <input type="checkbox"/> Yes (specify) / Oui (préciser) <input checked="" type="checkbox"/> No / Non			Was fetus dead before such procedure? / Le fœtus était-il mort avant cette intervention? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		
12. Did death occur before labour? / Le mort a-t-elle eu lieu avant le travail? <input checked="" type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non		During Labour? / Pendant le travail? <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non		Labour induced? / A-t-elle été provoquée par le travail? <input type="checkbox"/> Yes (specify method) / Oui (préciser comment) <input checked="" type="checkbox"/> No / Non	
13. Congenital malformation? / Malformation congénitale? <input type="checkbox"/> Yes (specify) / Oui (préciser) <input checked="" type="checkbox"/> No / Non					
14. Birth Injuries? / Traumatisme obstétrical? <input type="checkbox"/> Yes (specify) / Oui (préciser) <input checked="" type="checkbox"/> No / Non					
15. Pregnancy complication? / Complication pendant la grossesse? <input checked="" type="checkbox"/> Yes (specify) / Oui (préciser) <input type="checkbox"/> No / Non Chronic Kidney Disease					
16. Name of physician or coroner (print or type) Nom du médecin ou du coroner (dactylographier ou écrire en lettres moulées) Victoria King					
Address / Adresse 456 Fake Street, Saskatoon, SK, S7S 7S7					
17. <input type="checkbox"/> Attending physician / Médecin présent <input type="checkbox"/> Physician attending after death / Médecin présent après le décès <input type="checkbox"/> Coroner / Coronar <input checked="" type="checkbox"/> Prescribed Practitioner					
18. I certify that this medical certificate of stillbirth is true and correct to the best of my knowledge and belief. J'atteste qu'à ma connaissance, ce certificat médicale de mortinaissance est véritable et exact. 				05 12 2016 Month / Mois Day / Jour Year / Année Date of signature / Date de signature	

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Statement of Death (sample)



STATEMENT OF DEATH DÉCLARATION DE DÉCÈS

This is a permanent legal document. Type or print in blue or black ink and complete all items.
Ceci est un document juridique permanent. Remplir toutes les cases.

1 Deceased's Last Name AT DEATH / Nom de famille de la personne à son décès Doe		2 Deceased's Last Name AT BIRTH / Nom de famille de la personne à sa naissance Doe	
3 First Given Name / Premier prénom John		4 Second Given Name(s) / Prénom(s) suivant(s) David	
5 Date of Death / Date du décès Month/Mois: 04 Day/Jour: 15 Year/Année: 2016	6 Sex / Sexe Male	7 Saskatchewan Health Card Number / Numéro de carte de santé de la Saskatchewan 1 2 3 4 5 6 7 8 9	
8 Place of Death - City/Town/Village/Other - Name of Hospital or Institution (or give exact location where death occurred) Lieu du décès - Ville/village/autre endroit - Nom de l'hôpital/de l'établissement (oum précisez l'endroit exact où s'est produit le décès) Regina General Hospital			
9 Place of Death - City/Town/Village/Other (if rural, give Section, Township, Range and Meridian) Lieu du décès - Ville/village/autre endroit(s'il s'agit d'une municipalité rurale, indiquer la section, le canton, le rang et le méridien) Regina			
10 Date of Birth / Date de naissance Month/Mois: 02 Day/Jour: 01 Year/Année: 1930	11 Age(Years) / Âge(année): 86	12 If under one year / Moins d'un an (Months) (Jours)	13 If under one days / Moins d'un jour (Hours) (Minutes)
14 Place of Birth - City/Town/Village/Other AND Province, State AND Country (if rural, give Section, Township, Range and Meridian) Lieu de naissance - Ville/village/autres endroits ET province/état pays (s'il s'agit d'une municipalité rurale, indiquer la section, le canton, le rang et le méridien) Saskatoon Saskatchewan Canada			
15 Usual Residence - Street Address (if rural, give Section, Township, Range and Meridian) Résidence habituelle - rue (adresse complète)(s'il s'agit d'une municipalité rurale, indiquer la section, le canton, le rang et le méridien) 123 Fake Street			
16 City/Town/Village/Other / Ville/village ou autre endroit Regina		17 Province/State AND Country / Province/état ET pays Saskatchewan Canada	18 Postal Code / Code postal A1A 2B2
19 Marital Status / Situation de famille <input type="checkbox"/> Never Married / Célibataire <input checked="" type="checkbox"/> Married / Marié(e) <input type="checkbox"/> Widowed / Veuf(veuve) <input type="checkbox"/> Divorced / Divorcé(e)		20 If Married, Widowed or Divorced, give current Full Name of spouse AND their Last Name at Birth que son nom de famille à la naissance. Jane Mary Doe Smith	
21 Common Law Status - Indicate if Deceased was living Common Law Union de fait - indiquer si la personne décédée vivait en union de fait <input type="checkbox"/> Yes / Oui <input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Unknown / Inconnu		22 If Common Law, give current Full Name of Common Law spouse, and their Last Name at Birth (S'il s'agit d'une union de fait, donner le nom complet du conjoint ou de la conjointe de fait, ainsi que son nom de famille à la naissance.)	
23 Occupation - Held during majority of life / Occupation - Type de travail effectué pendant la majeure partie de sa vie Teacher		24 Type of business or industry in which worked / Dans quel type de commerce ou d'industrie Education	
25 Was Deceased (optional) / Statut de la personne décédée (facultatif) <input type="checkbox"/> Indian / Indienne(ne) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		26 If registered under the Indian Act / Si elle était enregistrée selon la Loi sur les Indiens Name of Band / Nom de la bande	
27 Father's Last Name at Birth / Nom de famille du père à la naissance Doe		28 Given Name(s) / Prénom(s) Richard	
29 Place of Birth of Father - City/Town/Village/Other AND Province/State AND Country / Lieu de naissance du père: Ville/village/autre endroit ET province/état ET pays Saskatoon Saskatchewan Canada			
30 Mother's Last Name at Birth / Nom de famille de la mère à la naissance Connor		31 Given Name(s) / Prénom(s) Sarah	
32 Place of Birth of Mother - City/Town/Village/Other AND Province/State AND Country / Lieu de naissance de la mère: Ville/village/autre endroit ET province/état ET pays Moose Jaw Saskatchewan Canada			
33 Informant's Last Name / Nom de famille du déclarant Fiction		34 Given Name(s) / Prénom(s) Joe	
35 Relationship of the Informant to Deceased / Lien qui unit le déclarant à la personne décédée Person with knowledge of deceased		36 Informant's Mailing Address / Adresse du déclarant Box 123 Moose Jaw Saskatchewan A1A 2B2	
37 Date of Signature / Date de signature Month/Mois: 04 Day/Jour: 18 Year/Année: 2016		38 Signature of Informant / Signature du déclarant Joe Fiction	
39 Burial, Cremation or Other Disposition / Inhumation, crémation ou autre disposition du corps Cremation		40 Date of Burial, Cremation or Other Disposition / Date de l'inhumation ou autre disposition Month/Mois: 04 Day/Jour: 18 Year/Année: 2016	
41 Full Name and Address of Place of Disposition / Nom et adresse de l'endroit de la disposition du corps Fake Crematorium Box 222 Regina Saskatchewan			
42 Full Name and Address of Person in Charge of Remains / Nom et adresse de la personne responsable des condames - Anonymous Funeral Service Ltd. Joe Anonymous - 333 That Road Regina Saskatchewan A1A 3B3			
DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY / NE RIEN ÉCRIRE CI-DESSOUS - À USAGE INTERNE SEULEMENT			
Notation / Remarques		This statement was accepted for registration on this date. Cet enregistrement avait été accepté pour la registration à la date suivante:	
		Month / Mois, Day / Jour, Year / Année: _____ Signature of Registrar / Signature du registraire	

Death Certificate (sample)

CANADA
SASKATCHEWAN

CERTIFICATE OF DEATH
CERTIFICAT DE DECES

VITAL EVENT RECORD DOSSIER DE L'ETAT CIVIL D203360

Name of Deceased
Nom du défunt

Date of Death
Date du décès

Place of Death
Lieu du décès

Registration No.
N° d'enregistrement

Registration Date
Date d'enregistrement

Sex
Sexe

Age
Age

Marital Status
Etat civil

Date Issued
Délivré le

CERTIFIED EXTRACT FROM REGISTRATION OF DEATH
ISSUED AT REGINA, SASKATCHEWAN, CANADA
EXTRAIT OFFICIEL DU REGISTRE DES DECES
DELIVRE A REGINA (SASKATCHEWAN) CANADA

Patricia A. Dean
Patricia A. Dean
Registrar / Registrare

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