

IMPORTANT: READ REVERSE SIDE BEFORE COMPLETING

This Form and Form 8 (Medical Certificate of Stillbirth) must be filed with a Division Registrar before a burial permit can be issued.

(For office use only)

This is a permanent legal record. Type or print plainly in blue or black ink and complete all items.

Child's Surname	1.	2. Sex of child
Forename(s)		
Date of Stillbirth	3. Month (by name), day, year	4. Name of hospital (if not in hospital, give exact location where stillbirth occurred)
Place of Stillbirth	5. City, town, village or township (by name) Regional municipality, county or district	
Parents	Father	Mother
Name	6. Present surname	10. Present surname
	Forename(s)	Surname at birth
	Surname at birth	Forename(s)
	Other surname(s)	Other surname(s)
Birthplace	7. City, town, village	11. City, town, village
	Province/Country	Province/Country
Birth Date	8. Month (by name), day, year	Age
Occupation	9.	13.
Residence of Mother for statistical purpose only	14. Residence of mother (complete street address)	
Other Stillbirth Particulars	15. Duration of pregnancy (weeks)	16. Number of children ever born to this mother (including this birth)
		Number Liveborn Number Stillborn (after 20 weeks pregnancy)
	17. Weight of child at birth Grams _____ or lb. _____ oz.	18. Kind of birth single <input type="checkbox"/> twin <input type="checkbox"/> triplet <input type="checkbox"/>
	19. If twin, triplet, state whether this child was born 1 st , 2 nd , or 3 rd	
Attendant	20. Name and address of attendant at birth Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/>	
Certification of Informant	21. I (we) certify the foregoing to be true and correct to the best of my (our) knowledge and belief.	
	21a. The parents have agreed to the child's name shown in item 1. Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Signature of Mother _____ Signature of Father _____ Signature of informant (other than Mother or Father) _____	
Disposition	22. Burial, cremation or other disposition (Specify)	Proposed date of burial or disposition (month, day, year)
	23. Name and address of proposed cemetery, crematorium or place of disposition	
Funeral Director	24. Name and address of funeral home (or person in charge of remains) (print or type) Postal code	
	25. Signature of funeral director (or responsible officer)	Business Code Number
Certification of Division Registrar	Date: Month (by name), day, year	
	Burial Permit Issued by	Address
	Date Issued (month, day, year)	
	I am satisfied as to the correctness and sufficiency of this statement and the medical certificate of stillbirth, and I register the stillbirth by signing this statement and the medical certificate of stillbirth.	
	Signature of Division Registrar	
	Registration Number	Division Registrar Code Number
	Date: Month (by name), day, year	

For Office of the Registrar General Use Only

For Division Registrar Only

DEFINITION OF STILLBIRTH

Stillbirth:

means the complete expulsion or extraction from its mother of a product of conception either after the twentieth week of pregnancy or after the product of conception has attained the weight of 500 grams or more, and where after such expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle.

Registration of Stillbirths

Subsection 14 (1) of the Act provides that when a stillbirth occurs, the person(s) who would have been responsible for registration in the case of an ordinary birth "shall complete, certify and deliver a statement in the prescribed form respecting the stillbirth to the funeral director in charge of the body"

In the case of an ordinary birth, responsibility for registration is determined as follows under section 6 of the Act:

The child's mother and father must normally both register the birth, However, if one parent is incapable, the other is required to register it, and only the mother registers the birth if the father is unknown or if she does not wish to acknowledge him, if both parents are incapable, or if the mother is incapable and the father is unknown or unacknowledged, a third person may register the birth.

Personal Information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, o. V. 4 and will be used to register and record the birth, stillbirth, death, marriage, addition or change of name, correction or amendment, provide certified copies, extracts, certificates, search notices, photocopies; and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes.

Questions about this collection should be directed to:

Deputy Registrar General
PO Box 4600
189 Red River Road
Thunder Bay ON P7B 6L8
Telephone 1 800 461-2156