



Islamic Foundation of Toronto Inc.
441 Nugget Avenue, Scarborough, ON, M1S 5E1
Tel: (416) 321 - 0909 - Fax: (416) 321-1995
www.islamicfoundation.ca - info@islamicfoundation.ca

BODY RELEASE REQUEST FORM
HOSPITAL / CORONERS OFFICE

Name of Deceased: _____

Next of Kin: _____

Signature: _____

Person Picking Up: _____

Signature: _____

Date: _____

BURIAL SERVICES & CEMETERY INFORMATION

(Once form is complete, fax it to the cemetery)

INFORMATION ABOUT THE DECEASED

Last Name	First and Middle Names	Social Insurance No.	Gender (M or F)
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Address	Phone No.
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Date of Death (dd/mm/yy)	Place of Death	Marital Status
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Date of birth (dd/mm/yy)	Place of Birth	Spouse's Maiden name (last name before marriage)
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Type of work done for most of their working Life	Type of business/industry the deceased worked in for most of their working life
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Father's Name (Last, First)	Birthplace, City and Province (If outside of Canada, State Country)
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Mother's Name (Last, First)	Birthplace, City and Province (If outside of Canada, State Country)
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Next of Kin Name (Person in charge of Deceased's affairs)	Relationship
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Address	Phone No.
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Email Address:

CEMETERY INFORMATION

Cemetery Name	Grave and Lot #
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Date and Approximate time of arrival at cemetery for burial	Owner of grave lot
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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
4. Date of death (yyyy/mm/dd)	5. Date of birth (yyyy/mm/dd)	6. City and province where born (if outside of Canada, state the country)	
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)	8. Social insurance number (optional)
9. Place of death (name of facility or location)		<input type="checkbox"/> Hospital	<input type="checkbox"/> Long Term Care
		<input type="checkbox"/> Private Residence	<input type="checkbox"/> Other (specify)
City, town, village or township		Regional municipality, county or district	
10. Name of physician/coroner/RN(EC) who pronounced death		11. Marital or relationship status (check one)	
		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law	
12. Last name or single name of the deceased's spouse or partner (before this marriage or relationship)		First and middle name	
13. Type of work done most of working life		14. Type of business or industry that the deceased worked in most of working life	
15. Deceased's usual residence(street number and name, city, province, postal code(do not use post office box or rural route))			
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)	
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)	
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. Parent'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
27. Address (street number and name, city, province, postal code)		Date (yyyy/mm/dd)	

To be Completed by the Funeral Director or Person(s) in Charge of Remains

28. Type of disposition (burial, cremation or if other specify)		29. Proposed date of disposition (yyyy/mm/dd)
30. Name and address of proposed cemetery, crematorium or place of disposition		
31. Your name (last, first and middle name or single name)		32. Name of funeral home
33. Address of the funeral home (street number and name, city, province, postal code)		
34. Signature of funeral director	35. Business code number	36. Date (yyyy/mm/dd)

To be Completed by the Division Registrar

Name of person who issued burial permit		Place of issue	Date issued (yyyy/mm/dd)
By signing below, I am satisfied that the information in the corresponding Medical Certificate of Death and this Statement of Death is correct and I agree to register the death.			
Signature	Date (yyyy/mm/dd)	Registration number	Div. Reg. code number

For the use of the Office of the Registrar General only

Instructions

1. Under **Item 13**, the trade, profession or kind of work in which the deceased was employed during most of the deceased's working life is to be inserted, for example, physician, sales clerk, office clerk, sales person, labourer, carpenter, et cetera.
2. Under **Item 14**, the type of industry or business in which the deceased was employed during most of the deceased's working life is to be inserted, for example, law office, department store, insurance, banking, clothing factory, newspaper, et cetera.
3. Under **Items 16, 18, 20 and 22**, the last, first and middle names or single name of the deceased's parent, please only enter information for parents listed on the deceased's birth registration, adoption order, other court order, civil registry, etc.

Legal Requirements under the *Vital Statistics Act*

Vital Statistics Act

Subsection 22(1) provides as follows:

22(1) Subject to subsection 21(6) and the regulations, no person shall bury, cremate or otherwise dispose of the body of any person who dies in Ontario or remove the body from the registration division within which the death occurred or the body is found, and no person shall take part in or conduct any funeral or religious service for the purpose of burial, cremation or other disposition of the body of a deceased person, unless the documentation required by the regulations has been obtained.

The effect of subsection 53(1) is that no division registrar, sub-registrar, funeral director or person employed in the service of Her Majesty shall communicate or allow any such person to inspect or have access to any records containing information obtained under this Act, or allow any such person to inspect or have access to any records that contain information obtained under this Act.

Regulation 1094, *Vital Statistics Act*

35(1) Upon the request of the funeral director, the applicable one of the following persons shall complete, certify and deliver to the funeral director a statement in the form approved by the Registrar General that contains personal particulars of the deceased:

1. The nearest relative present at the death or last illness, or any relative who may be available.
2. If no relative is available, the occupier of the premises in which the deceased died or, if the occupier is the deceased, any adult person residing in the premises who was present at the death or has knowledge of the personal particulars.
3. If the death occurred in unoccupied premises and no relative is available, any adult person who was present at the death or has knowledge of the personal particulars.
4. The coroner who has been notified of the death and who has made an investigation into the death, received a report of the results of an investigation into the death or held an inquest regarding the death.

*To request forms please visit Ontario.ca or contact the Office of the Registrar General, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone: 1-800-461-2156 or 416-325-8305, TTY/Teletypewriter (for the hearing impaired): 416-325-3408.

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 as amended, and may be used to register and record births, stillbirths, deaths, marriages, additions or changes of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, and photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes as applicable.

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: 1-800-461-2156 (outside Toronto but within North America) or 416-325-8305 (in Toronto or outside North America)
416-325-3408 (TTY/Teletypewriter)