



PLACE OF DEATH

1. Name of institution where death occurred	2. Code of institution
3. Exact location where death occurred (No., street, municipality, province or country)	Postal code

IDENTIFICATION OF DECEASED (Write the surname and given name(s) according to the act of birth)

4. Surname	6. Health insurance No.
5. Usual given name	7. Birthdate Year Month Day
8. Age at death If over 1 year: Year(s) If under 1 year: Month(s) Day(s) If under 24 hours: Hour(s) Minute(s) If under 7 days, give weight at birth: Grams	11. If deceased married, give age of spouse
9. Marital status 1 <input type="checkbox"/> Single (never married) 4 <input type="checkbox"/> Divorced 2 <input type="checkbox"/> Married 5 <input type="checkbox"/> Legally separated 3 <input type="checkbox"/> Widowed	10. Name of spouse of the deceased
12. Birthplace (Province or country)	13. Language spoken at home 01 <input type="checkbox"/> French 02 <input type="checkbox"/> English Other _____
14. Address of deceased's domicile (No., street, municipality, province or country)	Postal code
15. Surname of mother (according to the act of birth)	16. Usual given name of mother
17. Surname of father	18. Usual given name of father

MEDICAL CERTIFICATION OF DEATH

19. Date and time of death Year Month Day Hour Minute	20. Sex of deceased 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Undetermined	21. Notice to the coroner (see guidelines on back of copy 1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
22. Causes of death		Approximate interval between onset and death ▼
1. Disease or condition directly leading to death* Antecedent causes. Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last		(a) _____ (b) _____ (c) _____ (underlying cause)
2. Other significant conditions contributing to the death, but not related to the disease or condition causing it		
* This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.		
For office use only	23. Autopsy? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If yes, does the cause of death stated above take autopsy findings into account? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	24. Presence of radioisotopes 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	25. If deceased a woman, did the death occur during pregnancy or within 42 days thereafter? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	26. Deceased suffered from a disease that must be declared 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Specify _____
27. If the case of violent death, check FOR STATISTICAL USE ONLY <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	28. Place (farm, factory, etc.) and circumstances (drowning, strangulation, etc.)	
29. Is author of medical certification a 1 <input type="checkbox"/> Physician 4 <input type="checkbox"/> Coroner <input type="checkbox"/> Other _____	30. Surname and given name of author of medical certification	
31. Tel. No. where author can be reached		Area code Postal code
32. Address (No., street, municipality, province)		
I have reported, to the best of my knowledge, the causes and the circumstances surrounding the death of this person. The information collected is transmitted to the Bureau de la statistique du Québec, to the ministère de la Santé et des Services sociaux, to the funeral director and to the Registrar of Civil Status. The information is subject to the provisions of the Act respecting Access to documents held by public bodies and the Protection of personal information, except with respect to the Registrar of Civil Status who is not subject to that Act. The conditions are listed on the back of page 2.		
X 33. Signature of author of medical certification		34. Date signed 35. If a physician, give permit No. (Corp. des médecins)

DISPOSAL OF BODY / FUNERAL DIRECTOR

36. Disposal arrangements 1 <input type="checkbox"/> Burial 3 <input type="checkbox"/> Anatomical study 2 <input type="checkbox"/> Cremation 4 <input type="checkbox"/> Body transported outside Québec	37. Name of funeral home	38. Permit No. (funeral director)
40. Date on which body was handed over Year Month Day	39. Address of funeral home (No., street, municipality, province or country)	Postal code
41. Surname and given name of representative of funeral home	42. Signature of representative X	

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BUREAU DE LA STATISTIQUE DU QUÉBEC