



Management entrusted to the
Bureau de la statistique du Québec

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	If under 1 year	If under 7 days, give weight at birth
9. Marital status 1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Widowed		10. Name of spouse of the deceased	
4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Legally separated		11. If deceased married, give age of spouse	
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)			
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		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					
1. Disease or condition directly leading to death*		(a) _____ due to (or as a consequence of)			
Antecedent causes. Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last		(b) _____ due to (or as a consequence of)			
2. Other significant conditions contributing to the death, but not related to the disease or condition causing it		(c) _____ (underlying cause)			
* This does not mean the mode of dying, e.g., heart failure, ashenia, 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 _____
29. Is author of medical certification a 1 <input type="checkbox"/> Physician 4 <input type="checkbox"/> Coroner <input type="checkbox"/> Other		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.)	
30. Surname and given name of author of medical certification			31. Tel. No. where author can be reached		
32. Address (No., street, municipality, province)			Postal code		
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		39. Address of funeral home (No., street, municipality, province or country)		Postal code	
Year Month Day		41. Surname and given name of representative of funeral home		42. Signature of representative X	

* SP-3 (93-11)

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DOSSIER MÉDICAL OU DOSSIER DU CORONER