



# Attestation of Declaration of Stillbirth

Management entrusted to  
Bureau de la statistique du Québec

Please type or print in block letters.  
Do not write in shaded spaces. Press firmly.

<b>Place of delivery</b>	
1- Name of hospital where stillbirth occurred	Establishment code
2- Exact location where stillbirth occurred (No., street, municipality, county, province or country outside Canada)	

<b>Particulars of parents</b>		
Father	3- Father's surname (if the father is unknown, check (N) here <input type="checkbox"/> and proceed to question 9)	4- Given name(s)
	[Shaded area]	
Mother	9- Mother's maiden surname as shown on birth certificate	10- Given name(s)
	[Shaded area]	
	15- Mother's address (No., street, municipality, county, province or country outside Canada)	Postal code

<b>Signature of mother or father</b>	
I confirm that the above information is accurate. This information is being sent 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 person responsible for the burial and cremation. The information given is subject to the provisions of the Act respecting access to documents held by public bodies and the protection of personal information. The conditions are listed on the back of copy 2.	
21a- Date signed Year Month Day	21b- Signature of mother or father <b>X</b>

<b>Medical report</b>	
22- Date of delivery Year Month Day	
[Large shaded area for medical report]	
31- Surname and given name of informant	32- Was the informant a <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Other (Specify) _____
34- Signature of informant. I have reported, to the best of my knowledge, the causes and the circumstances surrounding this stillbirth.	
33- Date signed Year Month Day	
Licence number (Corp. of physicians)	

<b>Disposition arrangements / Funeral director</b>	
35- Disposition arrangements 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Anatomical study 4 <input type="checkbox"/> Transport of body outside Québec	36- Name of cemetery, crematorium or hospital
37- Address of the place of disposal of body (No., street, municipality, county, province or country outside Canada)	40- Signature of representative <b>X</b>
38- Date of disposal of body Year Month Day	39- Surname and given name of representative