



Islamic Society of Markham  
- Jam'e Masjid Markham

2900 Denison Street, Markham, ON, L3S 4J8  
[info@markhammasjid.ca](mailto:info@markhammasjid.ca) | 905-294-7866 | [www.markhammasjid.ca](http://www.markhammasjid.ca)

**BODY RELEASE REQUEST FORM**  
**HOSPITAL / CORONERS OFFICE**

Name of Deceased: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Signature: \_\_\_\_\_

Person Picking Up: \_\_\_\_\_

Signature: *Imam u Khan* \_\_\_\_\_

Date: \_\_\_\_\_

# BURIAL SERVICES & CEMETERY INFORMATION

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

## INFORMATION ABOUT THE DECEASED

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Last Name First and Middle Names **Last name @Birth** Gender (M or F)

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Address Weight KG

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Date of Death ( yyyy/mm/dd ) Place of Death Marital Status

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Date of birth ( yyyy/mm/dd ) Place of Birth Spouse Maiden Name At Birth

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Type of work done for most of their working Life

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Type of business/industry the deceased worked in for most of their working life

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Father's Name (Last, First)

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Birthplace, City and Province (If outside of Canada, State Country)

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Mother's Name (Last, First)

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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)

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Relationship

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Address

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Phone Number

## CEMETERY INFORMATION

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Email Address

Standerd Depht

Extra Depht

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Cemetery Name

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Grave Lot #

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Date and approximate time of arrival at cemetery for burial

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Owner of grave lot

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 12**, the trade, profession or kind of work in which the deceased was employed during most of his (her) working life is to be inserted, for example, physician, sales clerk, office clerk, sales person, labourer, carpenter, et cetera.
2. Under **Item 13**, the type of industry or business in which the deceased was employed during most of his (her) working life is to be inserted, for example, law office, department store, insurance, banking, clothing factory, newspaper, et cetera.

## LEGAL REQUIREMENTS UNDER THE VITAL STATISTICS ACT

21. (2) A statement in the prescribed form containing personal particulars of the deceased person shall, upon the request of the funeral director in charge of the body, be completed, certified and delivered to the funeral director.
  - (a) by the nearest relative present at the death or last illness, or any relative who may be available;
  - (b) if no relative is available, by the occupier of the premises in which the person died, or if the occupier be the person who has died, by any adult person residing in the premises who was present at the death or has knowledge of the personal particulars,
  - (c) if the death occurred in unoccupied premises and no relative is available, by any adult person who was present at the death or has knowledge of the personal particulars: or
  - (d) by the coroner who has been notified of the death and has made an investigation or held an inquest regarding the death.
25. (1) Subject to subsection 24(2), no person shall bury, cremate or otherwise dispose of the body of any person who dies within 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 death has been registered under this Act and an acknowledgement of registration of death and a burial permit has been obtained from the division registrar.
53. (1) No division registrar, sub-registrar, funeral director or person employed in the service of Her Majesty shall communicate or allow to be communicated to any person not entitled thereto any information obtained under this Act, or allow any such person to inspect or have access to any records containing information obtained under this Act.

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, 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  
189 Red River Road  
PO Box 4600  
Thunder Bay ON P7B 6L8  
Telephone 1 800 461-2156