

# CERTIFICATE OF DEATH REGISTRATION

(Sample Document)

**Certificate No.:**

\_\_\_\_\_

**Name of the Deceased:**

\_\_\_\_\_

**Date of Death:**

\_\_\_\_\_

**Place of Death:**

\_\_\_\_\_

**Sex:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

**Age at Death:**

\_\_\_\_\_

**Cause of Death:**

\_\_\_\_\_

**Informant's Name:**

\_\_\_\_\_

**Registrar's Name:**

\_\_\_\_\_

**Registration Date:**

\_\_\_\_\_

*Registrar's Signature:* \_\_\_\_\_