

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: _____