

CERTIFICATE OF DEATH

Official Document

Certificate No.: _____

Full Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

Sex: _____

Place of Death: _____

Cause of Death: _____

Name of Father: _____

Name of Mother: _____

Name of Informant: _____

Relationship to Deceased: _____

Date Issued: _____

Registrar's Signature & Seal