

# Certified Copy of Death Record

State of \_\_\_\_\_  
Department of Vital Records

**Full Name of Deceased:**

**Date of Death:**

**Place of Death:**

**Date of Birth:**

**Sex:**

**Marital Status:**

**Father's Name:**

**Mother's Name:**

**Informant's Name:**

**Cause of Death:**

**Registrar's Name:**

**Registration Number:**

**Certified By:**

**Date Issued:**

This is to certify that the above is a true copy of the death record as recorded in the official registers.