

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.