

# Certificate of Death Registration Form

## Death Details

Full Name of Deceased:	<input type="text"/>
Date of Death:	<input type="text"/>
Place of Death (Address):	<input type="text"/>
Cause of Death:	<input type="text"/>

## Personal Information

Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>
Nationality:	<input type="text"/>
Last Residential Address:	<input type="text"/>

## Informant Details

Informant's Name:	<input type="text"/>
Relationship to Deceased:	<input type="text"/>
Informant's Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Registrar/Officer's Name:	<input type="text"/>
Date of Registration:	<input type="text"/>

Submit