

DEPARTMENT OF CIVIL REGISTRATION
APPLICATION FOR A DEATH CERTIFICATE

Application No.DC/CA.....Date

Fee Paid..... M.R.No.....Cashier's Sign

To be completed by Applicant in Capital Letters

For Official Use Only

1. District of death 1. Death entry

2. Province of death 2. Description of Informant

3. Indicate Burial Permit No.

4. Exact place of death 3. Name of Registering Officer

5. Name of deceased as per Identity Card 4. Residence

..... 5. Date of Reg.....

Sex 6.Cause of death

6. Date of death

7. Age of deceased

8. Occupation of deceased

9. Name and address of the applicant

..... 7. Record checked by

..... 8. Date checked

Signature 9. Signature

NIB. Please attach the deceased's original 10. Fee paid

ID/Card.

11. Assessed by

12. Date assessed

13. Signature

14. Approved by

15. Date approved

16. Signature

Applicant's name

Name of deceasedDate of death

Date presented