

FORM OF APPLICATION FOR THE REGISTRATION OF A DEATH

INFORMATION ABOUT THE PERSON WHOSE DEATH IS TO BE REGISTERED

1. Date of death
- Place of death (full address)
-
2. Full names and surname
3. Sex (male or female)
4. Maiden surname of woman who has married
5. Date and place of birth
6. Occupation
7. Address in full of usual residence at time of death
-
8. Claim to citizenship
9. Evidence of death submitted

INFORMATION ABOUT THE INFORMANT

10. Name and surname
11. Relationship to deceased or other qualification
12. Postal address
- Tel. N°

DECLARATION

I declare that the particulars given above are true to the best of my personal knowledge and belief .

Signature

Place

Date

