

RECORD OF DEATH
No.

1	SURNAME: Forenames: Date and place of birth: Sex: Permanent or habitual residence: SURNAME of spouse: Forenames of spouse: Date, hour and minute of death: Place of death:
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2	<table border="1"><tr><td style="text-align: center; vertical-align: middle;">FILIATION</td><td style="text-align: center; vertical-align: middle;">FATHER SURNAME: Forenames:</td></tr><tr><td style="text-align: center; vertical-align: middle;"></td><td style="text-align: center; vertical-align: middle;">MOTHER SURNAME: Forenames:</td></tr></table>	FILIATION	FATHER SURNAME: Forenames:		MOTHER SURNAME: Forenames:
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4	<table border="1"><tr><td style="text-align: center; vertical-align: middle;">DATE AND PLACE OF REGISTRATION OF THE EVENT</td><td style="text-align: center; vertical-align: middle;"> </td></tr><tr><td style="text-align: center; vertical-align: middle;">IDENTITY OF THE COMPETENT CIVIL REGISTRAR AND SIGNATURES</td><td style="text-align: center; vertical-align: middle;"> </td></tr></table>	DATE AND PLACE OF REGISTRATION OF THE EVENT		IDENTITY OF THE COMPETENT CIVIL REGISTRAR AND SIGNATURES	
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