

STATE

Civil Registration Department of

EXTRACT FROM RECORD OF DEATH No.

<p>SURNAME: Forenames: Date and place of birth: Sex: Permanent or habitual residence: Surname of spouse: Forenames of spouse:</p>
<p>Date, hour and minute of death: Place of death:</p>

F I L I A T I O N	FATHER	SURNAME: Forenames:	
	MOTHER	SURNAME: Forenames:	

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DATE OF ISSUE	
IDENTITY AND SIGNATURE OF THE CIVIL REGISTRAR CERTIFYING THAT THE EXTRACT CONFORMS TO THE RECORD. SEAL.	

