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FORM F1

THE REGISTRATION (BIRTH AND DEATHS) ACT, 1949

NOTICE OF DEATH

PLEASE TYPE OR USE BLOCK LETTERS

1. Place of Death, Parish: .....

   Name of Hospital (if any): .....

   House or Road: .....

1a. Date of Death: .....

2. Name of Deceased – Surname: .....

   Given Name(s): .....

3. Residence of Deceased: .....

4. Place of Birth: ..... Date of Birth: .....

5. Sex: ☐ Male / Female ☐ 6. Single ☐ / Married ☐ / Widowed ☐ / Divorced ☐

7. Nationality: ..... 8. Racial Origin: .....

.....

Signature of Medical Practitioner or Coroner

.....

Name of Medical Practitioner or Coroner Please print

.....

(Address)

Dated: ..... day of ..... 20 .....