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FORM E

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: .....

9. Name of Husband or Wife of Deceased: .....

10. Trade, Profession or Occupation of Deceased: .....

11. Date Deceased last worked: .....

12. Names of Parents of Deceased:
    Father: .....
    Mother: ..... (Maiden Name)

13. Place of Burial (or intended Burial): .....

14. Cause of Death:
    Immediate: .... Duration .....
    Give Disease, Injury or Complications, not the mode of dying
    Due to: ..... Years: .....
    ..... Months: .....

    Morbid Conditions, if any giving rise to immediate cause:
    Due to: ..... Years: .....
    ..... Months: .....

    Other Morbid Conditions, if any, contributing to death:
    Due to: ..... Years: .....
    ..... Months: .....
    ---

15. If a Woman, was death associated with Pregnancy? No ……

16. Was there a surgical Operation?: No ……

If so, date of Operation: ……

Was there an autopsy?: No ……

If so state findings: ……
……

17. If Death was due to external cause (Violence) fill in the following:

Accident, Suicide or Homicide (a): ……

Date of Injury: ……

Manner of Injury: ……

Nature of Injury: ……

Where Caused: ……

……

Signature of Medical Practitioner or Coroner

……

Name of Medical Practitioner or Coroner
Please print

……

(Address)

Dated: …….. day of …….. 20 ……..

(a) To be filled in by coroner only

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FORM I

THE REGISTRATION (BIRTHS AND DEATHS) ACT, 1949.

BURIAL CERTIFICATE

1. Name of deceased, Surname .....

Given names .....

2. Sex ..... 3. Age .....

4. Residence of deceased .....

.....

5. Occupation of deceased .....

6. Date of death .....

7. Cause of death .....

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

.....
Signature of Medical Practitioner

NOTES

This certificate must be produced to the undertaker or other person in charge of the burial of the deceased person. To bury any deceased person before this certificate has been produced in an offence.

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