

OFFICE OF THE PRESIDENT

FORM D4

DEPARTMENT OF CIVIL REGISTRATION
APPLICATION FOR A DEATH CERTIFICATE

Application No. .... DC/CA. .... Date .....

Fee Paid..... M.R.No.....Cashier's Sign .....

To be completed by Applicant in Capital Letters

For Official Use Only

1. District of death ..... 1. Death entry .....

2. Province of death ..... 2. Description of Informant .....

3. Indicate Burial Permit No. .... ..

4. Exact place of death ..... 3. Name of Registering Officer

5. Name of deceased as per Identity Card ..... 4. Residence .....

..... 5. Date of Reg.....

Sex ..... 6.Cause of death .....

6. Date of death .....

7. Age of deceased .....

8. Occupation of deceased .....

9. Name and address of the applicant .....

..... 7. Record checked by .....

..... 8. Date checked .....

Signature ..... 9. Signature .....

NIB. Please attach the deceased's original ..... 10. Fee paid .....

ID/Card.

11. Assessed by .....

12. Date assessed .....

13. Signature .....

14. Approved by .....

15. Date approved .....

16. Signature .....

Applicant's name .....

Name of deceased .....Date of death .....

Date presented .....