

Annex -D



THE COMMUNITY DEATH REPORTING FORM

I, MR/MS /MRS.....Alikali of..... Hereby attest to
the death of MR/MRS/MISS.....on the
day...../month...../year..... .at

She/ He isyears old, His /Her occupation isand died as
result of

Resident of deceased.....Marital Status.....

Place of birth of deceased.....nationality.....

ID/NIN/ Passport/ Birth Certificate# of deceased.....

Name of Informant Stamp of Alkali.....

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ID/NIN#..... ID/NIN#.....

Address..... Signature/ thumb print.....

.....

Signature/thumb print.....

Mobile/ telephone#..... Mobile/Telephone#.....

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Date..... Date.....

District Chief's Stamp