**BIRTH AND DEATH REGISTRATION ACT**

**NOTICE OF DEATH IN HEALTH / NOT IN HEALTH INSTITUTION**

**Registration Office:**
- Record Number

**Declarant:**
- ID Number
- Surname
- Forename
- Other Name(s)

**District:**

**City/Town/Village:**

**Date of Notice:**

**Relation to Deceased:**

**Declarant Physical Address:**

**Postal Address:**

### PARTICULARS OF DEATH

1.1 Nationality
1.2 ID Number
1.3 Surname
1.4 Sex: M F
1.5 Date of Death: d m y y y y
1.6 Age at Death: Day(s) / Month(s) / Year(s)

**Place of Death:**
- District
- City/Town/Village
  - a) Health Facility
  - b) Home
  - c) Other (Specify)

1.7 Marital Status: a) Married
b) Divorced
c) Single
d) Widowed

1.8 Usual Residence:
- City/Town/Village
  - Ward/Street

1.10 Level of Education: a) Primary
b) Secondary
c) Post Secondary
d) Higher
e) None

1.11 Occupation

1.13 Duration of Illness

1.14 Hospitalisation Period

1.15 Cause of death:
a) Disease or condition leading to death:
b) Morbid condition if any giving to the above cause, stating the underlying condition last:
c) Other significant conditions contributing to death, but not related to the disease or condition causing it:

### PARTICULARS OF NEXT OF KIN

2.1 ID Number
2.2 Surname
2.3 Forename

**Date of Death:**

**Place of Registration:**

**Date of Payment:**

**Name of District Officer:**

**Signature:**

**Relation to Deceased:**

**Acknowledgement**

**Form CRD-2**

**Form Number:**

**ID Number:**

**Name of Declarant:**

**Place of Registration:**

**Date:**

**Amount (in Pula):**

**Receipt No:**

**Date of Payment:**

**Name of District Officer:**

**Signature:**

**Collected by:**

**Date of Collection:**

PLEASE TURN OVER
<table>
<thead>
<tr>
<th>Signature</th>
<th>Declarant</th>
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<tbody>
<tr>
<td>Registration Assistant:</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Designation</td>
</tr>
<tr>
<td>Med. Officer:</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Designation</td>
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