

GUIDELINES

EFSTH

Receiving deaths at home or brought in dead:

Name of Deceased:.....
 Address..... Age:..... Sex:
 Nationality:.....
 Brought by whom/if Police: Name/Number/Station:.....
 Cause of Death: Sudden/Chronic illness/Assault/RTA

RELATIVE

Name:..... Address:.....
 Condition of death: RTA or illness at home. If illness, ask if medical records are available
 Inform Medical officer to confirm death

No
Nº 0015025

Folio
 of Death Register Book
20.....

Nº 015025

DEATH in the.....of the GAMBIA in the year 20.....

CERTIFICATE OF DEATH
 OF

GPPC: 01960310/100BKS.

No.	When Died.	Place of Death.	Name and Surname	Sex.	Occupation, Rank or Profession.	Cause of Death	How long ill.	Age.	Signature, Description, and Residence of Informant.	When Registered 20.....	Signature of Registrar.

Given at.....Gambia

this.....day of.....20.....

I hereby certify that the above is a true copy of the Death Register of the.....aforesaid, extracted this.....day of.....20.....

Registrar.

Registrar.