FORM E. REPORT OF DEATH

NAME: ___________________________ (Given name or names) (Surname)

Age: Years ________ Months ________ Days ________

Sex: Male ______ Female ______

Nationality ______________________________

Address: ___________________________________________________

(No. of house) (Name of Street) (Ward or part of town)

Occupation _________________________________________________________________

Residence at death: ___________________________________________________________

Period of continuous residence in registration area __________________________________

Last place of residence before arrival in registration area;
giving address in full if obtainable: __________________________________________________________________

Date of Death ______________ Cause of death __________________________________________

Duration of illness ____________________________________________________________

Signature in full or name in full and mark duly witnessed of informant and relationship (if any) to the deceased:
_________________________________________________________________________

Full name and address of medical practitioner certifying cause of death:
_________________________________________________________________________

Date and Place of burial; (give name of cemetery and town) ____________________________

___________________________________________________________________________

Date this form was sent to the Registrar ____________________________________________

I, * _____________________________ hereby certify the above particulars are to the best of
my knowledge and belief a true and correct statement of the particulars required to be
furnished with regard to the above death.

Date: __________________________ Signature: ______________________________

* Name of person required to register the death.

If this form is sent by post, it should be under registered cover.
FORM I. MEDICAL CERTIFICATE OF CAUSE OF DEATH

I _____________________________________ hereby certify that I have medically attended __________ _________________________ of ________________________________ who was (a) apparently or stated to be aged ___________________ years; that I last saw ______________________ on _________________________ 19 ____, that he (she) was then suffering from ______ ______________________________________________________ , that he (she) died, as I am (b) aware or informed, on the ________day of _______________ 19 ______, at (c) ______________________________________________________________ and that the cause of death was to the best of my knowledge and belief as herein stated, viz:

Primary cause _____________________________________________________________
Secondary cause ____________________________________________________________

(a) Omit "apparently" or "or stated to be" as the case may be.
(b) Omit "aware," or "informed," -- use "informed" when hour of death is known from report.
(c) State the time of day.
(d) State duration of illness if possible.

Note that by "primary cause of death" is meant the disease present at the time of death, which initiated the train of events leading thereto, and not a mere secondary, contributory or immediate cause. or a terminal condition or mode of death.

FORM J. BURIAL PERMIT

This is to certify that the death of ______________________________________ deceased, has been duly registered in the Register of Deaths and Burials at ___________________________ (or that I am credibly informed) that a child ________________________________________ and _____________________________________ was still-born; and I hereby give permission for the burial of the body, _________ fee paid.

Date: _____________________________ Signature: _____________________________________
Registrar of Vital Statistics, R.L.

Registrar of Vital Statistics at _______________________________________________ R.L.

The above body was buried on ________________________________________ in Grave No. ______ in ______________________________________________ Cemetery.

__________________________
Person in charge

N.B. The person in charge of cemetery shall retain one duplicate copy of this form and deliver the other duplicate copy to the funeral director, undertaker or other person in charge of burial for delivery to the Registrar signing the certificate for burial.