



**FEDERAL REPUBLIC OF NIGERIA  
NATIONAL POPULATION COMMISSION**

**DEATH REGISTRATION (FORM D 1)**

(All Entries in Block Letters)

Registration Centre \_\_\_\_\_

Village/Town \_\_\_\_\_

Local Government Area \_\_\_\_\_

State \_\_\_\_\_

DEATH CERTIFICATE No. \_\_\_\_\_

Death Registration Volume \_\_\_\_\_

Entry Number \_\_\_\_\_

Date of Registration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**PARTICULARS OF DECEASED**

**FOR OFFICIAL  
USE ONLY**

1. Name of Deceased (Surname first) \_\_\_\_\_
2. Sex Male/Female \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month year
5. Place of Occurrence: Maternity Home/Hospital/At Home/Traditional  
Doctor's Place/Others \_\_\_\_\_
6. Name of Village/Town(in Registration Area) \_\_\_\_\_
7. (a) Age at Death \_\_\_\_\_ Years, (b) If under One year Months \_\_\_\_\_ days \_\_\_\_\_
8. Address of Usual Place of Residence \_\_\_\_\_
9. Nationality: Nigerian/Non Nigerian \_\_\_\_\_
10. If Nigerian (a) State of Origin \_\_\_\_\_ (b) Ethnic Origin \_\_\_\_\_
11. Marital Status: Single/Married/ Separated/ Divorced/ Widowed
12. (a) Literate /Illiterate (b) If literate, level of Education \_\_\_\_\_
13. (a) Is Death certified by a medical Doctor? Yes/No  
(b) Cause of Death \_\_\_\_\_

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**PARTICULARS OF INFORMANT**

14. Relationship to the deceased \_\_\_\_\_
15. Full name (Surname first) \_\_\_\_\_  
Phone No. \_\_\_\_\_  
National ID card. \_\_\_\_\_
16. Address of Usual Place of Residence \_\_\_\_\_

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Signature or left thumb mark of informant \_\_\_\_\_

\_\_\_\_\_  
Name, signature and stamp of Registrar