



FORM: BMD - 7

DEATH CERTIFICATE

Certificate issued in terms of Section 29(1) of Births, Marriages and Deaths Registration Act (Chapter 131 of the Laws of Swaziland)

I, the undersigned, do hereby certify that the particulars given below are a true copy of entries made in the Register of Deaths.

<u>REGISTRATION PARTICULARS</u>	
1. Date of Registration : «REG_DATE»	2. Registration Office: «OFF_DESC»
<u>PARTICULARS OF THE DECEASED</u>	
3. PIN: «PIN»	4. Date of Death: «DEATHDATE»
5. Surname: «D_SURN»	6. Place of Death: «DEATHPLACE» «ATHCOUNTRY»
7. Forenames: «D_FORN_001» «D_FORN_002» «D_FORN_003» «D_FORN_004» «D_FORN_005»	8. Sex : «SEX»
	9. Marital Status: «M_STATUS»
	10. Date of Birth: «BRTHDATE»
11. Nationality: «NATIONAL»	12. Place of Birth: «BIRTHPLACE»
13. Place of Residence: «RES_ADDR»	14. Occupation: «OCCUPAT»
<u>CAUSE OF DEATH AND IT'S CERTIFICATION</u>	
15. Cause of Death: «CAUSE»	16. Cause of Death Certified by Medical Practitioner Or not: Yes
<u>PARTICULARS OF INFORMANT</u>	
17. Names and Surname: «INF_NAMES»	18. Relationship: «CAPACITY»
19. Residential Address: «INF_ADDR»	

Signed by me at «OFF_DESC» on 29 April, 2016

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(Signature of District or Assistant District Registrar)

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(Name in block letters)