**B. Death Registration Form (BMD-2)**

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**PERMIT FOR BURIAL**

1. NAME OF DECEASED: [Surname] [First Name]

2. DATE OF DEATH: Day Month Year

3. PLACE OF DEATH: Name of Area Region (District)

4. SEX: Male Female

5. MARRIAGE STATUS: Married Single Divorced Widowed Separated

6. CAUSE OF DEATH: [Other]

7. PLACE OF BIRTH: Name of Area Region (District)

8. NATIONALITY

9. OCCUPATION

10. ENUMERATION OF RELATIVES

11. (a) CAUSE OF DEATH: [Other]

12. CITATION OF HOSPITAL: [Other]

13. CERTIFICATE: To the best of my knowledge, the information given above is correct. Date: [Day] Month Year

14. RESIDENCE ADDRESS: [Other]

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**REGISTER OF DEATH**

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<tr>
<th>1. NAME AND SURNAME</th>
<th>2. DATE OF DEATH</th>
<th>3. PLACE OF DEATH</th>
<th>4. SEX</th>
<th>5. MARRIAGE STATUS</th>
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