REGISTRATION OF DEATH

NAME OF THE DECEASED	
USUAL ADDRESS OF THE DECEASED	
ID CARD # OF DECEASED	DATE OF BIRTH OF DECEASED

PLACE MOST WORKED

NAME OF COMPANY/ORGANISATION	
ADDRESS OF COMPANY/ORGANISATION	
RANK / PROFESSION	
DISABILITY GRANT RECIPIENT	OLD AGE PENSIONER
NO OCCUPATION	NIS

PLACE OF BIRTH

NAME OF HOSPITAL / NURSING HOME	
HOUSE NUMBER/STREET/CITY/VILLAGE	
COUNTRY OF BIRTH	BURIAL
	CREMATION

INFORMANT'S DETAILS

NAME (FIRST AND LAST NAME ONLY)	
ADDRESS	
TWO (2) TELEPHONE NUMBERS	ID CARD #
RELATIONSHIP TO THE DECEASED	SIGNATURE