Form Thor.Ror.4 Part 1 Document No. /		
	CERTIF	FICATE OF DEATH No.
Registration Office :		
1 The	1.1 Name : Surname :	1.2 Personal No.         1.3 Sex:         1.4 Age :           OMale O Female         yrs.
Deceased	1.5 Nationality : O Thai O Other	1.6 Occupation:       1.7 Marital Status:       O Single         O Divorce       O Separated       O Widow
	1.8 Residence: House No., Village No., Alley, Road, Sub	b-district / Sub-area, District / Area, Province
2 Particular Of Death	At : hrs.	2.2 Person giving treatment before death: <ul> <li>None</li> <li>Yes</li> <li>Midwife</li> <li>Traditional Doctor</li> <li>Physician</li> <li>Other</li> </ul>
	2.3 Document certifying death: O None O Yes No.	2.4 Cause of Death:
3 Place of Death	3.1 Name of place: House No., Village No., Alley, Road, Sub-l	District/ Sub-area, District/ Area, Province       3.2 Duration of stay at the place of death:         Day:       Month:         Year:
4 Parents	4.1 Father's Name: Surname:	
Of the Deceased	4.3 Mother's Name: Surname:	4.4 Personal No.
5 Person Notifying Death	5.1 Name: Surname:	5.2 Personal No.
	5.3 Relationship to the Deceased:       O Officer       O Person giving treatment before death         O Father       O Head of household       O Relative       O Others:	
	5.4 Residence: House No., Village No., Alley, Road, Sub-district / Sub-area, District / Area, Province	
6 Corpse	6.1 Postmortem Treatment: O Preserve O Bury O Cremate O Other	6.2 Place: Sub-district / Sub-area, District / Area, Province
7 Date of notification: Date/Month/Year 8 Document acknowledging Death		
9 Signature of Registrar: Signed: Registrar:		10 Person Notifying the Death Signed:
		re of Registrar Acknowledging Change : Signed () Registrar

Certified correct translation