

Form Thor.Ror.20 Part 1

CERTIFICATE OF DEATH

No.

Registration Office :

	1.1 Name :	Surname :		1.2 Sex :		1.3 Age :		1.4 Nationality		
1. The				[] Male	[] Female		years			
Deceased	1.5 Date of death : Day / Month	Year 1.6 F	Year 1.6 Residence according to		House Registration 1.7		7 Cause of Death			
2. Place of Death	2.1House No., Village No., Alley, Road, Sub-district / Sub-area, District / Area, Province, Country									
3. Person of	3.1 Father's Name :	Surname :			3.2 Nationality :					
the deceased										
	3.3 Mother's name :				3.4 Nationality :					
		Surname								
4. Person	4.1 Name :		4.2 Relationship to the Deceased :							
Notifying				[]	[] []	[]	[]	[]	
the Death				Head of Househ	old Fath	ner Mother	Office	r Midwife	other	
	4.3 Residence: House No., Village No., Alley, Road, Sub-District/ Sub-area, District/ Area, Province, Country									
5. Corpse	5.1 Postmortem Treatment 5.2 At Sub-Distric			ub-area, District/ Area, Province						
	[] []	[]								
	Preserve Bury									
6. Date of the Notification : Day / Month / Year				8. Signature	8. Signature of Registrar Acknowledging Death :					
7. Signature of notifying person :					(Signed)					
						()		
		Registrar								

Certified correct translation