# REGISTER OF DEATHS

<table>
<thead>
<tr>
<th>District</th>
<th>Division</th>
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1. **Date and place of death**

2. **Full name**

3. **Sex and race**

4. **Age**

5. **Rank or profession**

6. **Parents full names**

7. **Cause of death, and place of burial or cremation**

8. **Informant’s full name, residence, and capacity for giving information**

9. **Informant’s signature**

10. **Date of registration**

11. **Registrar’s signature**
This copy is issued under the provisions of Section 11 A of the Births and Deaths Registration Act (Cap. 110) as amended by the Births, Deaths and Marriages (Amendment) Law No. 44 of 1993.

Note. — It is a punishable offence to make any addition or alteration in this copy.
7. **Cause of death, and place of burial or cremation**

8. **Informant’s full name, residence and capacity for giving information**

9. **Informant’s signature**

10. **Date of registration**

11. **Registrar’s signature**

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I do hereby certify that the foregoing is a true copy of a death registration entry filed of record in this office.

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**District Registrar's Office**

**DIVISIONAL SECRETARIAT.**

**Date:** ..................