Form CRD-2
Form Number :

Official Stamp

REPUBLIC OF BOTSWANA

BIRTH AND DEATH REGISTRATION ACT
NOTICE OF DEATH IN HEALTH / NOT IN HEALTH INSTITUTION

Registration Office : Record Number | **Registration No**

Declarant ID Number | **Surname**

Forename

District

Other Name(s)

City/Town/Village

Date of Notice : | **Relation to Deceased :**

Declarant Physical Address : | Postal Address :

PARTICULARS OF DEATH

1.1 Nationality | 1.2 ID Number

1.3 **Surname** | **Forename**

Other Name(s)

1.4 Sex : M F | **1.5 Date of Death :** d d m m y y y y | 1.6 Age at Death : Day(s) / Month(s) / Year(s)

1.7 Place of Death : **District**

City/Town/Village

a)Health Facility | Name of Health Facility

b) Home | c) Other (Specify)

1.8 Marital Status : a) Married | b) Divorced | c) Single | d) Widowed

1.9 Usual Residence : City/Town/Village | Ward/Street

1.10 Level of education : a) Primary | b) Secondary | c) Post Secondary | d) Higher | e) None

1.11 Occupation | 1.12 Symptoms before death

1.13 Duration of Illness | 1.14 Hospitalisation Period

1.15 Cause of death :

a) Disease or condition leading to death :

b) Morbid condition if any giving to the above cause, stating the underlining condition last :

c) Other significant conditions contributing to death, but not related to the desease or condition causing it :

PARTICULARS OF NEXT OF KIN

2.1 ID Number

2.2 Surname | Forename

Other Name(s)

2.3 Age | 2.4 Relationship | 2.5 Physical/Postal Address

Form CRD-2
Form Number :

Acknowledgement

ID Number : | Name of Declarant : | Relation to Deceased :

Place of Registration : | Date : | Amount (in Pula) :

Receipt No : | Date of Payment : | Name of District Officer : | Signature :

Collected by : | Signature : | Date of Collection :

PLEASE TURN OVER

IT IS AN OFFENCE TO KNOWINGLY GIVE INCORRECT INFORMATION

Signature : **Declarant** _____

Registration Assistant :

Name _____ Designation : _____ **Signature :** _____ **Date :** _____

Med.Officer :

Name _____ Designation : _____ Signature : _____ Date : _____