

UNICE

DEATH REGISTRATION REPORT FORM (FORM B)

A. PARTICULARS OF DECEASED PERSON: 1. a. FIRST NAME b. MIDDLE NAME c. SURNAME c. SURNAME 1. MIDDLE NAME c. SURNAME 1. MIDDLE NAME 2. SEX Male Female 3. AGE AGE AGE AGE AGE AGE AGE AGE	ISTER -	REGIS																						
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14	CAUSE OF DEATH														
15	DEATH CERTIFIED BY:													+	
	(A) Full Name of Medical Doctor														
	(B) Qualification					9 0									
16	CORONER'S (A) Full Name of Co	roner	2 72									+			\Box
	ORDER ISSUED BY: (B) Name of Court													+	0,
17 a.	PLACE OF BURIAL (Cemetery N	ame)													
b.	(Cemetery Town)														
	C. PARTICULARS OF MOT	HER (to b	e compl	eted if t	he decea	sed ag	e is belo	w 15 y	ears)	· · · · · ·					
18 a.															
b.	MIDDLE NAME														
с.	SURNAME (Maiden Name)														
19	AGE) No.												+	+
20	NATIONAL OF			2										+	
21	LEVEL OF FORMAL EDUC									l l'ertiary	(Teach	er			\perp
22	(A) None (B) Primar OCCUPATION	ry (C) M	iddle/JH	S (D) :	Secondar	y/SHS/	Tech/Voc	ational	(E)	Fraining	g/Poly/U	niversi	ity)		\dashv
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b.	MIDDLE NAME														
c.	SURNAME (Maiden)														
d.	NATIONAL OF														\Box
24	AGE NID Passp	ort No:													
25	LEVEL OF FORMAL EDUC	CATION AT	Middle/			- d /	SHS/Tec)- /\/	4'1	/m/	Tertiar	y (Tea	cher	-:4 >	\vdash
26	OCCUPATION OCCUPATION	y (C)	I VIIdale/s	Ins (b)	Seco	ndary/.	5115/166	II/ voca	tional	(E)	Trainir	ig/Poly	Unive	rsity)	П
27	IN GAINFUL EMPLOYM	ENT?	Yes	(B)	No No										Н
	E. PARTICULARS OF INFO			(B)		÷									
28	FULL NAME	/KMAKT													
29	RELATIONSHIP														
30	RESIDENTIAL ADDRESS	2 =								,					\vdash
31	NID No.												-		
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32	NAME											T			
33	DATE OF REGISTRATION					1 1		1_1				1 1			
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