





## KINGDOM OF LESOTHO MINISTRY OF HOME AFFAIRS

APPLICA	ATION FOR REGISTRATION OF A	DEATH
NOTE  1. IN TERMS OF REGISTRATION OF BIRTHS A  2. THIS FORM, EXCEPT FOR SIGNATURES, M  3. ANY FALSE OR MISLEADING STATEMENT I  LEAD TO REFUSAL TO ISSUE OR REVOCAT  4. SHOULD BE MARKED X IN THE APPROPRIA	UST BE FILLED IN BLOCK LETTERS  IN THIS FORM OR RELATING TO ANY DOCUMENT  TON OF A DEATH CERTIFICATE	NT IN SUPPORT OF THIS APPLICATION MAY
PERMIT REQUIRED: REMOVAL FROM LESOTHO	TYPE OF REGISTRATION: CURRENT	
REMOVAL AND BURIAL	☐ LATE ☐ RE-REGISTRA	TION
BURIAL OF BODY	SECTION A	NION .
PARTICULARS OF DECEASED		
ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
1 1 1 1 1 1 1 1 1		
SURNAME	MIDDLE NAMES	FIRST NAME
GENDER: MALE FEMALE	DATE OF BIRTH D D M M Y Y Y Y	NATIONALITY: MOSOTHO OTHER
MARITAL STATUS SINGLE MARRIED BEFORE DEATH: DIVORCED WIDOWED	DATE OF DEATH D D M M Y Y Y Y	AGE AT DEATH
OCCUPATION		
RESIDENTIAL ADDRESS AT DEATH		
COUNTRY: LESOTHO	DISTRICT	TOWN / VILLAGE
RESIDENCE	PRINCIPAL CHIEF / AREA CHIEF	
PARTICULARS OF DEATH		
COUNTRY LESOTHO OF DEATH: OTHER	DISTRICT	TOWN / VILLAGE
PLACE OF DEATH	VILLAGE CHIEF / HEADMAN	
CAUSES OF DEATH		
	SECTION B	
PARTICULARS OF INFORMANT		
ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
SURNAME	MIEDLE NAMES	FIRST NAME
GENDER: MALE FEMALE	DATE OF D D M M Y Y Y Y	OCCUPATION
RELATION TO DECEASED		