

## FORM E. REPORT OF DEATH

NAME: \_\_\_\_\_

(Given name or names)

(Surname)

Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Nationality \_\_\_\_\_

Address: \_\_\_\_\_

(No. of house)

(Name of Street)

(Ward or part of town)

Occupation \_\_\_\_\_

Residence at death: \_\_\_\_\_

Period of continuous residence in registration area \_\_\_\_\_

Last place of residence before  
arrival in registration area;  
giving address in full if  
obtainable: \_\_\_\_\_

Date of Death \_\_\_\_\_ Cause of death \_\_\_\_\_

Duration of illness \_\_\_\_\_

Signature in full or name in full and mark duly witnessed of  
informant and relationship (if any) to the deceased:

\_\_\_\_\_  
Full name and address of medical practitioner certifying cause of  
death: \_\_\_\_\_

Date and Place of burial; (give name of cemetery and town) \_\_\_\_\_

Date this form was sent to the Registrar \_\_\_\_\_

I, \* \_\_\_\_\_ hereby certify the above particulars are to the best  
of my knowledge and belief a true and correct statement of the particulars required to be  
furnished with regard to the above death.

Date: \_\_\_\_\_ Signature: \* \_\_\_\_\_

\* Name of person required to register the death.

If this form is sent by post, it should be under registered cover.

FORM I. MEDICAL CERTIFICATE OF CAUSE OF DEATH

I \_\_\_\_\_ hereby certify that I have medically attended \_\_\_\_\_ of \_\_\_\_\_ who was (a) apparently or stated to be aged \_\_\_\_\_ years; that I last saw \_\_\_\_\_ on \_\_\_\_\_ 19 \_\_\_\_, that he (she) was then suffering from \_\_\_\_\_, that he (she) died, as I am (b) aware or informed, on the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_, at (c) \_\_\_\_\_ and that the cause of death was to the best of my knowledge and belief as herein stated, viz:

Primary cause \_\_\_\_\_

Secondary cause \_\_\_\_\_

- (a) Omit "apparently" or "or stated to be" as the case may be.
- (b) Omit "aware," or "informed," -- use "informed" when hour of death is known from report.
- (c) State the time of day.
- (d) State duration of illness if possible.

Note that by "primary cause of death" is meant the disease present at the time of death, which initiated the train of events leading thereto, and not a mere secondary, contributory or immediate cause. or a terminal condition or mode of death.

FORM J. BURIAL PERMIT

This is to certify that the death of \_\_\_\_\_ late of \_\_\_\_\_ deceased, has been duly registered in the Register of Deaths and Burials at \_\_\_\_\_ (or that I am credibly informed) that a child \_\_\_\_\_ of \_\_\_\_\_ and \_\_\_\_\_ was still-born; and I hereby give permission for the burial of the body, \_\_\_\_\_ fee paid.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Registrar of Vital Statistics, R.L.

Registrar of Vital Statistics at \_\_\_\_\_ R.L.

The above body was buried on \_\_\_\_\_ in Grave No. \_\_\_\_\_ in \_\_\_\_\_ Cemetery.

\_\_\_\_\_  
 Person in charge

N.B. The person in charge of cemetery shall retain one duplicate copy of this form and deliver the other duplicate copy to the funeral director, undertaker or other person in charge of burial for delivery to the Registrar signing the certificate for burial.