

## ANNEXURE S



3-1/0044

## REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

## NOTIFICATION OF DEATH

N.B.: PRINT CLEARLY

WARNING: The penalty for false information wilfully given in the same as that for perjury.

## OFFICIAL USE

Entry Number: \_\_\_\_\_

Registrar

Date: \_\_\_\_\_

Checked: \_\_\_\_\_

## PARTICULARS OF \*DECEASED / STILLBORN CHILD

1. \*\*Identity number
2. Surname: \_\_\_\_\_
3. Firstnames in full: \_\_\_\_\_
4. Date of birth: \_\_\_\_\_ 5. Sex: \_\_\_\_\_
6. Marital status: \_\_\_\_\_ 7. Occupation: \_\_\_\_\_
8. Place of birth: \_\_\_\_\_
9. Residential address: \_\_\_\_\_
10. Pension (if any) \_\_\_\_\_ No. \_\_\_\_\_
11. \*\*If the deceased was not a Namibian citizen and had been in Namibia only temporarily, state:
  - (a) Date of expiry of residence permit: \_\_\_\_\_
  - (b) Number of residence permit: \_\_\_\_\_

N.B.: If these particulars are not obtainable state "NOT PERMANENT RESIDENT".

## PARTICULARS OF DEATH

12. Date of \*death / stillborn: \_\_\_\_\_
13. (a) Place of \*Death / Stillborn \_\_\_\_\_ (b) Region \_\_\_\_\_
14. Did the person die in a hospital or nursing home? (Answer Yes or No) \_\_\_\_\_
15. Causes of death (if stillborn, state "Stillbirth") \_\_\_\_\_
16. Name of medical practitioner / midwife: \_\_\_\_\_
17. Intended place of burial: \_\_\_\_\_

## PARTICULARS OF PARENTS OF STILLBORN CHILD

18. Firstnames and surname of father: \_\_\_\_\_
19. Firstnames and surname of mother: \_\_\_\_\_

## PARTICULARS OF INFORMANT

20. Name of Informant \_\_\_\_\_ ID:
21. Residential address: \_\_\_\_\_ Tel No: \_\_\_\_\_
22. Signature: \_\_\_\_\_ 23. Capacity: \_\_\_\_\_
24. Date: \_\_\_\_\_

\* Delete whichever is not applicable

\*\* Delete if not applicable

No information regarding items 1, 4, 7, 8, 9, 10, and 11 should be furnished in the case of stillborn.