

**Death:**



THE REPUBLIC OF UGANDA

**THE BIRTHS AND DEATHS REGISTRATION REGULATIONS, 1973**

**DECLARATION OF DEATH**

1. Date of death..... Time of death.....
2. Place of death.....  
Name of Hospital.....  
Municipality, Town or Village.....  
District.....
3. Name in full deceased.....
4. Sex..... 5. Age.....
6. Occupation..... 7. Residence.....
8. Nationality..... 9. Cause of death.....
10. If a dead body is found, give the name and address of the finder and narrate shortly the circumstance: .....
11. If name unknown, give full description for purposes of identification .....
12. Where the declaration is made than one month thereof, indicate why this death was not registered within the prescribed period.....

I, ..... by occupation a ..... residing at..... in the District of..... in Uganda, DO HEREBY DECLARE that the information given by me is true and correct, that I know this of my knowledge and that my means of knowing this is [here state shortly your means of knowledge and the capacity in which you give this information]

Subscribed by me at..... on this..... day of..... in the year 20.....

Subscribed in the presence of: .....

Living at..... [Full name of witness]  
Signature of witness