FORM B

No
Date

FOR REGISTRAR'S USE

Date and Hour of Death:	
Full Names and Surname of Deceased:	
If Deceased is a Woman who has been Married:	
i) Maiden Surname of Deceased:	
ii) Wife / Widow of:	
Age:	
Full Names and Surname of Father:	
Full Names and Maiden Surname of Mother:	
Place of Death:	
Rank, State or Profession:	
Ordinary Residence:	
Place of Birth:	
Cause of Death:	
Signature of Declarant:	
Relationship to Deceased (see overleaf):	
Residence of Declarant	

DECLARATION OF DEATH

This declaration must be delivered to the Registrar WITHIN 5 DAYS of the death by a person of at least 16 years of age.

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