_____DISTRICT PUBLIC PROSECUTORS OFFICE
CERTIFICATE OF DEATH

File No.: A_____

(To be completed by the certificate-issuing agency)			Health Agency's Designation
1.Decedent's Name (First, Middle, Last)	2.Sex ☐ Male ☐ Female	3.Personal Identification No.	
4. Registered Permanent Residence (Street and number, city, town, country)			County/City / District/ precinct
5. Date of Birth	____ ____ ____ ____ ____ ☐ ☐ Year Month Day Hour Minute AM PM (Hour/minute data are required for decedents less than 1 week old)		____ ____ ____ Year Month Day
6. Date of Death	____ ____ ____ ____ ____ ☐ ☐ Year Month Day Hour Minute AM PM		____ ____ ____ Year Month Day
7. Location and Place of Death	Location of Death (Street and number, city, town, country)		
	Place of Death ☐Hospital ☐Clinic ☐Midwifery Center ☐Residence ☐Other		
8. Manner of Death	☐ Natural/Illness ☐Accident ☐Suicide ☐Homicide ☐Could not be Determined		
9.Decedent's Occupation	Usual Occupation_____		____ -- ____ Profession Designation
	Kind of Business/Assignment_____		
10. Marital status	☐ Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Unknown		
11. Cause of Death A. Immediate Cause: a._____ Underlying Cause: b _____ (Disease/injury initiated events resulting in death) c. _____ B. Other Significant Conditions: _____ (Not resulting in the underlying cause shown above)			____ ____ ____ ____ Designation for cause of Death ____ ____ ____ ____
This is to certify that the above statement is true. Prosecutor Medical Examiner (Coroner Investigator) (Physician:) (Signature or Official Name Stamp---with Agency's Official Seal) Date:_____ _____ _____ Year Month Day			Pronouncing/Certifying Physician Designation Form Completed by (Name Stamp)

Unless noted otherwise, the body may be cremated.

No charge for Examination performed

a. Examination has been completed. The body may be returned for burial service.

b. In six copy: one kept with the file; one for the medical examiner's office; four to accompany the body for household registration and burial service processes.

c. The first page may be copied. Copied should be brought to the Service Center of the Prosecutors Office for authentication (Personal Identification Card and name stamp are required).

d. Health Agency's Designation to be completed by responsible health agency.