

DISTRICT PUBLIC PROSECUTORS OFFICE

CERTIFICATE OF DEATH

File No.: B _____

(To be completed by the certificate-issuing agency)		Health Agency's Designation
1. Decedent's Name (First, Middle, last)	2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Personal Identification No. _____
4. Registered Permanent Residence (Street and number, city, town, country)		County/City District/ precinct
5. Date of Birth	_____ <input type="checkbox"/> <input type="checkbox"/> 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	_____ <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Midwifery Center <input type="checkbox"/> Residence <input type="checkbox"/> Other	
8. Manner of Death	<input type="checkbox"/> Nature/Illness <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	
9. Decedent's Occupation	Usual Occupation	_____ Profession Designation
	Kind of Business/Assignment	
10. Marital status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	
11. Cause of Death		_____ Designation for 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)		
This is to certify that the above statement is true. Pursuant to Article 218, section 2 of the Criminal Procedure, the examination was coordinated by a prosecutor's investigator (or a police officer) under prosecutor's supervision. <div style="text-align: center;"> Prosecutor's Investigator (Police Officer) Medical Examiner (Coroner Investigator) (Physician) </div> (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 stamp are required) .
- d. Health Agency's Designation to be completed by responsible health agency.