

**DISTRICT PROSECUTORS OFFICE
CERTIFICATE OF DEATH**

File No.: B _____

Unless noted otherwise, the body may be cremated.

No charge for Examination performed

(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		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 <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			
		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 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. 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. Prosecutor's Investigator (Police Officer) 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)	

- 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.