



3-1/0044

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS

NOTIFICATION OF DEATH

N.B.: PRINT CLEARLY

WARNING: The penalty for false information wilfully given is the same as that for perjury.

OFFICIAL USE
Entry Number:
Registrar
Date:
Checked

PARTICULARS OF *DECEASED / STILLBORN CHILD

- 1. **Identity number
2. Surname:
3. Firstnames in full:
4. Date of birth: 5. Sex:
6. Marital status: 7. Occupation:
8. Country of birth:
9. Residential address:
10. Pension (if any) No.
11. **If the deceased was not a Namibian citizen and had been in Namibia only temporarily, state:
(a) Date of expiry of residence permit:
(b) Number of residence permit:

N.B.: If these particulars are not obtainable state "NOT PERMANENT RESIDENT".

PARTICULARS OF DEATH

- 12. Date of *death / stillborn:
13. (a) Place of *Death / Stillbirth (b) District:
14. Did the person die in a hospital or nursing home? (Answer Yes or No)
15. Causes of death (if stillbirth, state "Stillbirth")
16. Name of medical practitioner / midwife:
17. Intended place of burial:

PARTICULARS OF PARENTS OF STILLBORN CHILD

- 18. Firstnames and surname of father:
19. Firstnames and surname of mother:

PARTICULARS OF INFORMANT

- 20. Address:
21. Signature: 22. Capacity:
23. Date:

* Delete whichever is not applicable

** Delete if not applicable

No information regarding items 1, 4, 7, 8, 9, 10, and 11 should be furnished in the case of stillbirth.