

Civil Registration Act (Chapter 304) Amended 2014

INFORMATION OF DEATH

O. For Office Use Only

*Registration Date: - - *Registration Officer's NID No:

*Province: *LLG:

*District: *Ward:

*Registration Point:

*Registration Officer's Name:

A. Details of Deceased Person:

PLEASE WRITE IN BLOCK LETTERS & FILL UP ALL REQUIRED INFORMATION (*)

Birth Cert ID/NID No of Deceased: *Date of Birth: - -

*Given Name(s):

*Family Name:

*Gender: Male Female Length of Residence in Papua New Guinea: Years Months

Place of Birth:

*Country:

*Province/State: *LLG:

*District: *Ward:

*Hospital/Village/Town:

Last Usual Place of Residence:

*Province: *LLG:

*District: *Ward:

*Village/Town:

*Marital Status at the time of Death: Never Married Married Separated Divorced Widow/Widower

*Occupation Before Death:

B. Details of Death:

Place of Death:

*Province: *LLG:

*District: *Ward:

*Hospital/Village/Town:

*Cause of Death:

NID No of Person Certifying Death: *Date of Death: - -

*Given Name(s) of Person Certifying Death:

*Family Name of Person Certifying Death:

C. Details of Family:

	1st Marriage Information	2nd Marriage Information	3rd Marriage Information
*Date of Marriage:	<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>	<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>	<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>
*Spouse's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Spouse's NID No:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Children's Birth Cert ID/NID No:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Father:

NID No: *Occupation:

*Given Name(s):

*Family Name:

*Date of Birth: - -

Details of Mother:

NID No: *Occupation:

*Given Name(s):

*Family Name:

*Date of Birth: - -

D. Details of Burial/Cremation:

PLEASE WRITE IN BLOCK LETTERS & FILL UP ALL REQUIRED INFORMATION (*)

*Date of Burial/Cremation: - -

Place of Burial/Cremation:

*Cemetery/Cremation/Place:

*Province: *LLG:

*District: *Ward:

*Village/Town:

Details of Person Certified the Burial/Cremation: NID No:

*Given Name(s):

*Family Name:

I hereby certify that the above information is correct for the purpose of registration under the Civil Registration Act (Chapter 304) Amended 2014

NID No: *Relationship to Deceased:

*Given Name(s):

*Family Name:

*Occupation:

Usual Place of Residence:

*Province: *LLG:

*District: *Ward:

*Village/Town:

*Signature:

**If signed by mark the follow should be completed by a witness*

The above information was read over to the informant(s) who appeared to fully understand it and whose mark(s) were affixed hereto in my presence.