INDEPENDENT STATE OF PAPUA NEW GUINEA
Civil Registration Act (Chapter 304) Amended 2014
INFORMATION OF DEATH

O. For Office Use Only

*Registration Date: D D - M M - Y Y Y Y *Registration Officer's NID No:  
*Province:  
*District:  
*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:  
*Given Name(s):  
*Family Name:  
*Gender: □ Male □ Female  
Length of Residence in Papua New Guinea:  Years  Months  
Place of Birth:  
*Country:  
*Province/State:  
*District:  
*Hospital/Village/Town:  

Last Usual Place of Residence:  
*Province:  
*District:  
*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:  
*District:  
*Hospital/Village/Town:  
*Cause of Death:  
NID No of Person Certifying Death:  
*Date of Death: D D - M M - Y Y Y Y  
*Given Name(s) of Person Certifying Death:  
*Family Name of Person Certifying Death:  

C. Details of Family:

<table>
<thead>
<tr>
<th>1st Marriage Information</th>
<th>2nd Marriage Information</th>
<th>3rd Marriage Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Date of Marriage: D D - M M - Y Y Y Y</td>
<td>D D - M M - Y Y Y Y</td>
<td>D D - M M - Y Y Y Y</td>
</tr>
<tr>
<td>*Spouse's Name:</td>
<td></td>
<td></td>
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<tr>
<td>*Spouse's NID No:</td>
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</tbody>
</table>
Details of Father:

<table>
<thead>
<tr>
<th>NID No:</th>
<th>*Occupation:</th>
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<tbody>
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</table>

*Given Name(s): _______________________

*Family Name: _______________________

*Date of Birth: DD-MM-YYYY

Details of Mother:

<table>
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<tr>
<th>NID No:</th>
<th>*Occupation:</th>
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<tbody>
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</table>

*Given Name(s): _______________________

*Family Name: _______________________

*Date of Birth: DD-MM-YYYY

*Date of Burial/Cremation: DD-MM-YYYY

Please write in block letters & fill up all required information (*)

Place of Burial/Cremation:

*Cemetery/Cremation/Place: _______________________

*Province: _______________________

*District: _______________________

*Village/Town: _______________________

Details of Person Certified the Burial/Cremation:

<table>
<thead>
<tr>
<th>NID No:</th>
<th>*Occupation:</th>
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<tbody>
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</table>

*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

<table>
<thead>
<tr>
<th>NID No:</th>
<th>*Relationship to Deceased:</th>
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</thead>
<tbody>
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</tbody>
</table>

*Given Name(s): _______________________

*Family Name: _______________________

*Occupation: _______________________

Usual Place of Residence:

*Province: _______________________

*District: _______________________

*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.