SAMPLE CERTIFIED TRUE COPY OF DEATH CERTIFICATE

Informant's Copy

DEATH REGISTRATION NO

E

REPUBLIC OF SINGAPORE

CERTIFICATE OF REGISTRATION OF DEATH

DECEASED

Death registered at: BUKIT MERAH WEST NPC

Full name of deceased:

NRIC/Identification Document No | Sex | Date of birth

Race/Dialect Group | Nationality | Country of birth

Home Address: APT BLK SINGAPORE | Date and hour of death

Place or Address where death occurred: BLK SINGAPORE | Approximate interval between onset and death: Years | Months | Days | Hours

CAUSE OF DEATH BY CERTIFIER

I Disease or Condition leading to death: (a) *ISCHAEMIC HEART DISEASE* — 3 | 5

(b) Antecedent Causes

(c)

II Other Significant conditions

CERTIFIED TRUE COPY

ADVOCATE & SOLICITOR
SINGAPORE

Name and official status of person certifying cause of death: DR . MEDICAL PRACTITIONER

Certificate of Cause of Death Reference No.:
Date:

INFORMANT

Name:

Address: APT BLK SINGAPORE

NRIC/Identification Document No.:

Relationship:

I certify that the above information given by me is correct.

Informant's Signature/ Thumb impression | Date

REGISTRATION OFFICER

Name of Registration Officer:
Designation: REGISTRATION OFFICER
Date:

BUKIT MERAH WEST
NEIGHBOURHOOD POLICE CENTRE
BUKIT MERAH VIEW, #01-01
SINGAPORE 159382
TEL: 1800-377 9999 FAX: 274 2602

for Registrar of Births and Deaths