Arab Republic of Egypt serial no.........

MOH\MOI

HO...........

Civil statu s NO..........

**Death Certificate**

Governerate .............

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Dead Person** | | | **Gender** | | **Name of the mother** | **Site of Death** | **Place of Death** | **Cause of Death** | **Date of Death** | | | |
| **1St** | **Father** | **Surname** | **Male** | **Female** |
|  |  |  |  |  |  |  |  |  | **Minute** |  | **Hour** |  |
| **Day** |  | **Date** |  |
| **Month** |  | **Year** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date ,place of birth.....** | **Religion...........** | **Address..........** | **ID** | | | **Place of Civil Registration** | | | |
| **Age of Dead ..........** | **Job ...............** | **NO** | **Place of issue** | **Date of issue** | **village** | **city** | **NO** | **civil status office** |
| **Social State............** | **Nationality .........** |  |  |  |  |  |  |  |

TheDeath Case is Registerd in Death records of ....... Health office at ....\......\..... NO .................

Name of Health register ...................... Name of Health Doctor .................

Signature .................... Signature ........................