REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH
Death Certificate

S/N A

State:..... County..... Payam: Boma.....

Identifier of Deceased:

First Name:..... Middle Name:..... Last Name:.....

Sex:..... Religion:..... Nationality: .....

Marital Status: Married ☑ Single ☐ Divorced ☐ Widowed ☐

Date of Birth:..... Place of Birth:..... Occupation:.....

Time and date of death

I HEREBY CERTIFY that I attended to the deceased from...../...../..... to ...../...../.....that I last saw h..... alive on ...../...../..... and that death occured at .....hours (Use 24 Hours format) on:

Date of Death in Figures:.....

Date of death in Block letters: .....

Cause(s) of Death

a) Disease of condition directly leading to death (Due to or as consequence of).....

.....

b) Abtecedent cause (due to or as a consequence of).....

c) Morbid conditions (if any), giving rise to the above cause, stating the underlying conditions last....

.....

d) Other significant conditions contributing to death, but not related to the disease or condition causing it.....

Name(s) of the informer of Death: .....

Name of Issuing Office:..... Name of Registrar.....

Signature of the registrar..... Date of Issue:.....

Signature of medical officer.....

DEATH

DEPARTMENT