

REPUBLIC OF LIBERIA
Bureau of Vital & Health Statistics
MINISTRY OF HEALTH & SOCIAL WELFARE
Monrovia, Liberia

DEATH CERTIFICATE APPLICATION

To be completely filled out)

Serial No: _____

Cert. No: _____

Date: _____

A. Name of deceased in full:

(First name) (Middle name) (Last name)

Address of deceased: _____

How long has deceased live in this area before death: _____

Date of death: _____
(Month/Date/Year)

Place of Death: _____

Date of Birth: _____ Sex: _____ Age: _____
(Month/Date/Year)

Nationality: _____

Cause of Death: _____

Duration of Illness: _____

Occupation: _____ Employer: _____

Date of Burial: _____ Place of Burial: _____
(Month/ Date/Year)

Religion: _____

Name of Attending Medical Officer: _____

Qualification: _____

B. Father's name of deceased: _____

Mother's name of deceased: _____

C. Name of informant: _____ Relationship: _____

Address of informant: _____

WITNESSES:

1. _____

2. _____

3. _____

INFORMANT'S SIGNATURE

INFORMANT'S CONTACT #