



FORM 12

Regulation 19(4),20(1)

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS) REGULATIONS, 2015

NOTIFICATION OF DEATH

1. Name of deceased
Surname
GivenName OtherName(s)
2. Date of birth (dd/mm/yy).....
Place of birth
3. Date of death (dd/mm/yy) Time of death.....
Place of death
- Name of hospital
4. No. of house and name of street.....
 City, Municipality, town or village District.....
5. Sex
6. Age
7. Occupation
8. Residence
 - a. Village
 - b. Parish
 - c. Sub County.....
 - d. County
 - e. District
9. Nationality
10. National Identification Number or Alien Identification Number
.....



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- 11. Cause of death.....
- 12. If a dead body is found, also the name and address of the finder and narrate shortly the circumstances
- 13. If name unknown, give full description for purposes of identification.....
- 14. Why was the death not registered within the prescribed period?*

I,, by occupation a,residing at,in the district of in Uganda, declare that the information above, given by me, is true and correct, that I know this of my own knowledge and that my means of knowing this is (briefly state the means of knowledge and the capacity in which you give this information)

Signed by Date(dd/mm/yy).....

Signature of Notifier

In the presence of (name of witness) Living at..... (full address)

Signature of Witness

*delete whichever is not applicable.