



FORM 13

Regulation 21(1)

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)

REGULATIONS, 2015

CERTIFICATE OF CAUSE OF DEATH

I,.....,(name of medical officer) of.....(name and address of hospital) have been attending to(name of deceased) for the last.....(state period) and who died on.....in the month of2..... and certify to the best of my knowledge and belief that the cause of his or her death was.....
.....
.....

Date (dd/mm/yy)

.....
Signature of medical officer.

*The fields in the Form may be modified to deal with causes of deaths occurring outside a medical facility.