



FORM 11

Regulation 18(4)

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

APPLICATION TO REGISTER PRESUMED DEATH

The Registration Officer

I(name of applicant) of
.....(address), National Identification Number/ Alien Identification
Number..... being the parent or next of kin
(state relationship with the person presumed dead)
of.....(name of person presumed dead) aged.....
years, National Identification Number,
apply to register a presumption of death order
No.....dated(dd/mm/yy).....(attach copy of order).

Date (dd/mm/yy)

Signed by.....applicant

In the presence of.....witness.