

## UNICEF

## DEATH REGISTRATION REPORT FORM (FORM B)

г	REGISTRY CO	DE	7																					Γ				MBE	R	
	A. PARTICULAR	s of	DEC	CEA	SEL	) PE	RSC	N:										_	_	_		_			_	_			1	ı
1 a.	FIRST NAME											_					_	_				1		$\perp$	$\perp$	_		$oldsymbol{\perp}$		
b.	MIDDLE NAME											L		<u> </u>						_					-		$\downarrow$	$\perp$		
c.	SURNAME																													
2	SEX	Mal	le					••	Fe	male																				
3	AGE		AC	GE U	JNI	TS		D	ays						Moı	nths					Ye	ars							- ·	
4	HOMETOWN																													
5	NATIONAL OF																									<u> </u>	L	<u> </u>		
6	NID No.											-														<u>.</u>				
7	MARITAL STAT	TUS (A	ا	Ma	rrie	ed	(В		Di	vorc	ed		(C)		Sepa	rate	d	(D	)[	] w	/ido	wed		(E	)[	Ne	ver N	/larri	ed	
8	LEVEL OF FOR	RMA	L ED	UC	ATI	ON.	ATT	AIN	ED															Tei	rtiar	v (T	each	er		
	(A) None	(B)	Р	rim	ary	<del>-</del>		(C)		/lidd	le/J	HS	(D)		Secor	ıdar	y/SI	IS/Te	ch/\	Voca	tion	al (I	E) L	Tra	aini	ng/P	oly/l	Unive	rsity)	$\left\{ \right.$
9	OCCUPATION																		/× 71	<u>_</u>	L									$\frac{1}{2}$
10	PLACE AND AI	DDR	ESS (	OF U	JSU	AL I	RES	IDE	NCI	E (St	ate	Hou	se N	o., S	tree	t Na	me,	Tow	n/V1	Hage	e, Di	Stri	et an	T R	egio	<u>II)</u>	т	$\neg \tau$	T	+
a.	House No.										1	ļ																$\perp$		1
b.	Street Name																													4
c.	Town/Village																	$\perp$										$\perp$		4
d.										+			_	_					$\frac{1}{1}$	_								$\vdash \downarrow$	_	$\frac{1}{2}$
e.	Region																													
	B. DEATH IDEN	TIF	ICAT	ION	PA	RTI	CUI	AR	S:						_															_
11	DATE OF DEA	ГН																												
12	PLACE OF DEAT	(H (E	B) [	Clin	ic		(C)	] [	Mat	Hon	ıe	_	(D)	Т	radi	tion	al/S <sub>l</sub>	piritu	ıal (	Cent	re	(E)	ار ا	Hous	se T		- 1			_
	(F) Other (Sp	ecify	<i>(</i> )																	1	<u> </u>			/X /2 11 .		Dist		and E	Pagion	_
13	DETAILED AD	DRE	SS O	F PI	LAC	E O	F DI	EATI	H (S	tate I	Nan	ie of	Hos	pital	, Cli	nic,	Hou	se No	., St	reet	Nan	Te, I	OWIL	/ V III:	age,	Dist	Tiet,		egion	4
a	Clinic	al / 													 								_					igwdap	+	_
b			$\bigsqcup$									-	_								_		_	_	_		-	$\vdash$	+	_
c	. Street Name																				<u> </u>		_	_	L_			$\sqcup$	-	_
d	l. Town/Village																					_	_					$\sqcup$		_
e	e. District																	1	l						1			1		

4	ELECTION DEATH
	(A) Fuii Name of Medical Doctor
	(B) Qualification
h	CORONER'S (A) Full Name of Coroner
	ORDER ISSUED BV: (B) Name of Court
7 а.	PLACE OF BURIAL (Cemetery Name)
b.	(Cemetery Town)
	C. PARTICULARS OF MOTHER (to be completed if the deceased age is below 15 years)
	FIRST NAME
ł.,	MIDITOR NAME.
e.	CRNAME (Wolden Name)
ų.	AGE NID No.
.)	SATIONAL OF
	LEVEL OF FORMAL EDUCATION ATTAINED
and the second	None (B) Primary: (C) Middle/JHS (D) Secondary/SHS/Tech/Vocational (E) Training/Poly/University)
?	OCCUPATION I I I I I I I I I I I I I I I I I I
,	D. PARTICULARS OF FATHER (to be completed if the deceased age is below 15 years)
³ a.	FIRST NOTE
b.	MIDDLE NAME
c.	SURNAME (Maiden)
d.	NATIONAL OF
4	AGE NID
	Passport No:
	B.E.V.E.L. OF FORMAL EDUCATION ATTAINED  (A) None (B) Primary (C) Middle/JHS (D) Secondary/SHS/Tech/Vocational (E) Training/Poly/University)
,	OCCUPATION
7	IN GAINFUL EMPLOYMENT?  (A) Yes (B) No
L	E. PARTICULARS OF INFORMANT
8	FULL NAME
,	RELATIONSHIP
,	RESIDENTIAL ADDRESS
1	NID No.
	F. REGISTRAR
	NAME NAME
,	DATE OF REGISTRATION
3	