

SAMPLE CERTIFIED TRUE COPY OF DEATH CERTIFICATE

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

Informant's Copy
 DEATH REGISTRATION NO

E

DECEASED	Death registered at BUKIT MERAH WEST NPC						
	Full name of deceased						
	NRIC/Identification Document No.		Sex	Date of birth			
	Race/Dialect Group		Nationality	Country of birth			
	Home Address APT BLK SINGAPORE			Date and hour of death			
	Place or Address where death occurred BLK SINGAPORE			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) ISCHAEMIC HEART DISEASE			Years	Months	Days	Hours
	Disease or Condition leading to death			2	5		
	(b) Antecedent Causes			CERTIFIED TRUE COPY			
	(c) Other Significant conditions			ADVOCATE & SOLICITOR SINGAPORE			
	Name and official status of person certifying cause of death DR , MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: Date:			
INFORMANT	Name			I certify that the above information given by me is correct. Informant's Signature/Thumb impression _____ Date _____			
	Address APT BLK SINGAPORE						
	NRIC/Identification Document No.						
	Relationship						
REGISTRAR OFFICER	Name of Registration Officer			BUKIT MERAH WEST NEIGHBOURHOOD POLICE CENTRE REGISTRATION OFFICER, BUKIT MERAH VIEW, #01-01 SINGAPORE 159682 for Registrar of Birth and Deaths			
	Designation						
	Date						

Tel: 1800-377 9889 Fax: 274 2502