

CERTIFICATE OF DEATH

Citizen _____ Ivanov _____

last name

Ivan Ivanovich

first name, patronymic name

died on _____ 00/00/0000 _____

day, month, year

00/00/0000

in figures and words

at the age of ____ whereof the death record # 0000 was made

on 00/00/0000

Cause of death _____

Place of death: City, village Ekaterinburg City

district _____

region, area _____

republic _____

Registration place Vital Statistics Office, Ekaterinburg city

name of the Vital Statistics Office

Date of issue _____ 00/00/0000 _____

Head of Vital Statistics Office *Signature*

II-НИ # 000000

Stamp