

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 Izhevsk City _____
district _____

region, area _____
republic _____

Registration place Vital Statistics Office, Izhevsk city _____

name of the Vital Statistics Office

Date of issue _____ 00/00/0000 _____

Head of Vital Statistics Office *Signature*

И-ИИ # 000000

Stamp