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COMPUTERIZED DEATH CERTIFICATE REQUEST FORM

NAME OF DECEASED	
FATHER'S NAME	
MOTHER'S NAME	
DATE OF BIRTH	
DATE OF DEATH	
PLACE OF DEATH	
GENDER	
RELIGION	
GRAVEYARD NAME	
DATE OF BURIAL	
CAUSE OF DEATH	
APPLICANT RELATION	
PURPOSE OF CERTIFICATE	
WITNESS 1 (ID REQUIRED)	
WITNESS 2 (ID REQUIRED)	
CURRENT ADDRESS OF APPLICANT	
CONTACT NUMBER OF APPLICANT	