**الجمهورية اللبنانية**

**محافظة بيروت**

**خبير ترجمة محلف لدى المحاكم**

قرار وزارة العدل رقم 891 تاريخ 27 حزيران 2013

**ريم محمد عصمت اليوسف**

**RIM MOHAMED ISMAT EL-YOUSSEF**

**مترجم قانوني محلف**

##### REPUBLIC OF LEBANON

**Beirut Province**

##### Sworn Translator

Decree of the Ministry of Justice

N° 891, dated June 27, 2013

**REPUBLIC OF LEBANON**

**MINISTRY OF INTERIOR**

**GENERAL DIRECTORATE OF CIVIL STATUS**

**Death Certificate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Name and surname of the deceased:**  {s1f1} | | | **16. Cause of death :**  **Section 1 :** The disease or condition directly leading to death :   1. {s2f3} c- {s2f5} 2. {s2f4} | |
| **2. Place and date of birth : a. Locality :** {s1f2s1}  **b. District :** {s1f2s2}  **c. Date :** {s1f22} | | | **17. If a surgical intervention has been done, mention the date and the most significant result :**  **a. Date of intervention:** {s3f1}  **b. Result :** {s3f2} | |
| **3. Father’s name :** {s1f3} | **4. Mother’s name and surname :**  {s1f4s1} {s1f4s2} | | **18. a. Mention if this is suicide or murder:** {s4f1}  **b. How did it happen :** {s4f2} | |
| **5. Marital Status :**  {s1f5} | **6. Number of living children :** {s1f6} | | **19. Physician’s name :** {s5f1} (Signature and seal) | |
| **7. Husband of:** {s1f7} | **8. Sex :** {s1f8} | | **20. Person who examined the deceased’s body :**  **Name  :**  {s6f1}  **Address :** {s6f2} **(Signature and seal)** | |
| **9. Profession :** {s1f9} | | **10. ID Serial Number:** {s1f10} | **21. Witness or informer:**  **a. Name and surname**: {s7f1} **b. Date of birth**: {s7f2}  **c. Address**: {s7f3} **d. Place and No. of registry:** {s7f4} **e. Degree of kinship** **to the deceased**: {s7f5} **f. Signature** : (Signature) | |
| **11. Date of death :**  **a. Hour & minute:**{s1f11s1} **b. Day :** {s1f11s2} **c. Month** : {s1f11s3}**d. Year :**{s1f11s4} | | | **22. Witness or informer:**  **a. Name and surname**: {s8f1} **b. Date of birth**: {s8f2}  **c. Address**: {s8f3} **d. Place and No. of registry:** {s8f4} **e. Degree of kinship** **to the deceased**: {s8f5} **f. Signature** : (Signature) | |
| **12. Place of death :** {s1f12s1 }**District** : {s1f12s2}  **Hospital Name:** {s1f12s3} | | | 23. {s9f1} | |
| **13. Residence of the deceased:** {s1f13s1} **District** : {s1f13s2} | | | **24. Entry :** a. Number : {s10f1} b. Date : {s10f2} c. Signature of civil status officer  **25. Execution:** a. Number: {s11f1} b. Date: {s11f2} c. Signature of civil status officer | |
| **14. Place and Number of Register:** {s1f14s1}  **District** : {s1f14s2} **Sect**: {s1f14s3} | | | **15. The Mayor of {s12f1} , {s12f2}**  **{s12f3} (Signature and seal)** |

*True Copy of the Original*

*Civil Status Officer of {s13f1} : {s13f3} (Signature and seal)* **-** *{s13f2}*

**True translation of the attached Arabic document**

**Translated on {date}**

**Sworn Translator Mrs. Rim El Youssef**