**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:** | | | **16. Cause of death :**  **Section 1 :** The disease or condition directly leading to death :   1. c- | |
| **2. Place and date of birth : a. Locality :**  **b. District :**  **c. Date :** | | | **17. If a surgical intervention has been done, mention the date and the most significant result :**  **a. Date of intervention:**  **b. Result :** | |
| **3. Father’s name :** | **4. Mother’s name and surname :** | | **18. a. Mention if this is suicide or murder:**  **b. How did it happen :** | |
| **5. Marital Status :** | **6. Number of living children :** | | **19. Physician’s name :** (Signature and seal) | |
| **7. Husband of:** | **8. Sex :** male | | **20. Person who examined the deceased’s body :**  **Name  :**   **Address :** **(Signature and seal)** | |
| **9. Profession :** | | **10. ID Serial Number:** | **21. Witness or informer:**  **a. Name and surname**: **b. Date of birth**:  **c. Address**: **d. Place and No. of registry:**  **e. Degree of kinship** **to the deceased**: **f. Signature** : (Signature) | |
| **11. Date of death :**  **a. Hour & minute:** **b. Day :**  **c. Month** : **d. Year :** | | | **22. Witness or informer:**  **a. Name and surname**: **b. Date of birth**:  **c. Address**: **d. Place and No. of registry: e. Degree of kinship** **to the deceased**: **f. Signature** : (Signature) | |
| **12. Place of death :** undefined**District** :  **Hospital Name:** | | | 23. | |
| **13. Residence of the deceased:**  **District** : | | | **24. Entry :** a. Number : b. Date : c. Signature of civil status officer  **25. Execution:** a. Number: b. Date: c. Signature of civil status officer | |
| **14. Place and Number of Register:**  **District** : **Sect**: | | | **15. The Mayor of ,**  **(Signature and seal)** |

*True Copy of the Original*

*Civil Status Officer of : (Signature and seal)* **-**

**True translation of the attached Arabic document**

**Translated on Feb 11 2020**

**Sworn Translator Mrs. Rim El Youssef**