**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:**  المرحوم ههه | | | **16. Cause of death :**  **Section 1 :** The disease or condition directly leading to death :   1. قلب c- اجر 2. رئه | |
| **2. Place and date of birth : a. Locality :** LOcaliht  **b. District :** DIstTRic  **c. Date :** DateOfFBITRH | | | **17. If a surgical intervention has been done, mention the date and the most significant result :**  **a. Date of intervention:** حلو عني  **b. Result :** خلصنا | |
| **3. Father’s name :** Father | **4. Mother’s name and surname :**  MOGHERNMU MOTHERSU | | **18. a. Mention if this is suicide or murder:** مانشهن  **b. How did it happen :** هبيبو | |
| **5. Marital Status :**  MARITSL | **6. Number of living children :** NumbER48 | | **19. Physician’s name :** جيم (Signature and seal) | |
| **7. Husband of:** HUSHNBNm جوز | **8. Sex :** male | | **20. Person who examined the deceased’s body :**  **Name  :**  ىشةث حثقسخى  **Address :** شييقث **(Signature and seal)** | |
| **9. Profession :** يمنك عمل | | **10. ID Serial Number:** شو ما كان رقم | **21. Witness or informer:**  **a. Name and surname**: شاهد1 **b. Date of birth**: شاهد وقت  **c. Address**: شاهد محل **d. Place and No. of registry:** شاهد سجي ل ورقم **e. Degree of kinship** **to the deceased**: شسمينبتسشينب **f. Signature** : (Signature) | |
| **11. Date of death :**  **a. Hour & minute:**ساعة ودقيقة **b. Day :** اليوم **c. Month** : الشهر**d. Year :**السني | | | **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** : منطقة الموت  **Hospital Name:** المستشفى | | | 23. | |
| **13. Residence of the deceased:** وين المريض **District** : منطقت المريض | | | **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:** رمق السجل ومكان  **District** : النطقة السجل **Sect**: سشعي سني | | | **15. The Mayor of ,**  **(Signature and seal)** |

*True Copy of the Original*

*(Signature and seal)-*

**True translation of the attached Arabic document**

**Translated on Oct 26 2019**

**Sworn Translator Mrs. Rim El Youssef**