



DEATH REPORT INFORMATION (DOWNTIME FORM)

Death Registration	
No. Siri LM02*	<input type="text"/>
Death Certified By	
Full Name*	<input type="text"/>
Type of Identification*	<input type="text"/>
Number*	<input type="text"/>
Designation*	<input type="text"/>
Issuance Date of Burial Permit*	<input type="text"/>
Death Reporter	
Title	<input type="text"/>
Full Name*	<input type="text"/>
Other Name	<input type="text"/>
Type of Identification*	<input type="text"/>
Number*	<input type="text"/>
Relationship with Deceased*	<input type="text"/>
Current Address	
Address*	<input type="text"/>
	<input type="text"/>
Country*	<input type="text"/>
State*	<input type="text"/>
City*	<input type="text"/>
Postcode*	<input type="text"/>

Name : _____

Signature: _____

Date & Time: _____