**KODE : F - 2.30**

**PEMERINTAH KABUPATEN KAPUAS HULU**

**FORMULIR PELAPORAN KEMATIAN**

Yang bertanda tangan di bawah ini :

Nama Lengkap : ................................................................................................................................

NIK : ................................................................................................................................

Umur/Tgl. lahir : ................................................................................................................................

Pekerjaan : ................................................................................................................................

Alamat : ................................................................................................................................

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Hubungan dengan yang meninggal dunia/mati : .............................................................................................

Melaporakan bahwa :

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| **DATA JENAZAH** |

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| NIK Jenazah |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Lengkap |  |

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| Jenis Kelamin | *Laki-laki / Perempuan* \*) |  | Agama/Kepercayaan |  |

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| Tempat Lahir |  |  | Tanggal Lahir |  |  | Umur |  |

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| Wilayah Tempat Lahir |  |  | Provinsi Kelahiran |  |

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| Kab/Kota Kelahiran |  |

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| Alamat |  |  | RT/RW |  |

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| Provinsi |  |  | Kabupaten/Kota |  |

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| Kecamatan |  |  | Desa/kelurahan |  |

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| Kewarganegaraan |  |  | Kebangsaan (WNA) | - |

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| Jenis Pekerjaan |  |  | Keturunan |  |

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| Tanggal Kematian |  |  | Waktu Kematian |  | *Waktu Setempat* |

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| Tempat Kematian |  |  | Sebab Kematian |  |

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| Anak Ke |  |  | Yang Menerangkan |  |

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| No. Kartu Keluarga |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Kepala Keluarga |  |

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| **DATA IBU** |

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| Nama Lengkap Ibu |  |

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| Tanggal Lahir |  |  | Umur |  |  | Jenis Pekerjaan |  |

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| Provinsi |  |  | Kabupaten/Kota |  |

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| Kecamatan |  |  | Desa/kelurahan |  |

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| Kewarganegaraan |  |  | Kebangsaan (WNA) |  |

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| **DATA AYAH** |

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| NIK Ayah |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Lengkap Ayah |  |

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| Tanggal Lahir |  |  | Umur |  |  | Jenis Pekerjaan |  |

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| Alamat |  |  | RT/RW | / |

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| Provinsi |  |  | Kabupaten/Kota |  |

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| Kecamatan |  |  | Desa/kelurahan |  |

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| Kewarganegaraan |  |  | Kebangsaan (WNA) |  |
| **DATA PELAPOR** | | | | |

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| NIK Pelapor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Lengkap Pelapor |  |

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| Umur |  | *Tahun* |  | Jenis Kelamin |  |

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| Jenis Pekerjaan |  |

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| Kecamatan |  |  | Desa/kelurahan |  |

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| Kewarganegaraan |  |  | Kebangsaan (WNA) |  |

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| Tanggal Lapor |  |

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| **DATA SAKSI I (SATU)** |

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| NIK Saksi I (Satu) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Lengkap |  |

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| Umur |  | *Tahun* |  | Jenis Kelamin |  |

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| Jenis Pekerjaan |  |

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| Provinsi |  |  | Kabupaten/Kota |  |

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| Kecamatan |  |  | Desa/kelurahan |  |

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| **DATA SAKSI II (DUA)** |

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| NIK Saksi II (Dua) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Lengkap |  |

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| Umur |  | *Tahun* |  | Jenis Kelamin |  |

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| Jenis Pekerjaan |  |

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| Alamat |  |  | RT/RW |  |

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| Provinsi |  |  | Kabupaten/Kota |  |

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| Kecamatan |  |  | Desa/kelurahan |  |

Sebagai bahan pertimbangan bersama ini saya lampirkan persyaratan sebagai berikut :

1. Fotocopy Kartu Keluarga (KK), Kartu Tanda Penduduk (KTP) yang meninggal;
2. Fotocopy Kartu Tanda Penduduk Elektronik (KTP-EL) yang melapor;
3. Surat Keterangan Meninggal Dunia/Kematian dari Lurah/Kepala Desa (bagi yang meninggal dunia di rumah)/Surat Keterangan Meninggal Dunia/Kematian dari Dokter (bagi yang meninggal dunia di Rumah Sakit);
4. Fotocopy Kartu Tanda Penduduk Elektronik (KTP-EL) 2 (dua) orang saksi.

***SYARAT TAMBAHAN***

* Fotocopy SK 1 (satu) lembar bagi Calon Pegawai Negeri Sipil (CPNS)/Pegawai Negeri Sipil (PNS).

Apabila terdapat **Manipulasi Data Identitas** atau pada waktu mengajukan permohonan ini saya/pelapor **bersedia dituntut sesuai** **Hukum** yang berlaku.

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Pelapor,

( ........................................................... )