



PODER ELECTORAL

PERMISO DE INHUMACION

Quien suscribe, T.S.U. MARIA MAGALY GONZALEZ DABOIN Registradora Civil de la unidad parroquial Virgen de Coromoto del municipio Guanare estado Portuguesa, autorizo al (la) ciudadano (a): Lic. VICTOR DORTA del cementerio PARQUE PAZ para dar sepultura conforme a las formalidades de ley y cumplido el lapso reglamentario, al cadáver de quien en vida llevara por nombre Maria Yginia Hernandez de 55 años de edad, quien falleció el 13/05/2016 a las 5:59 pm en Caserío Teupido de esta jurisdicción.

Defunción que fue inscrita en la oficina o unidad de registro civil Municipio Guanare en el libro de defunciones año 2016, libro N° , acta N° 59, folio N° 1.

Permiso que se expide a solicitud de la parte interesada, a los 14 días del mes de Mayo de 2016.

T.S.U. MARIA MAGALY GONZALEZ DABOIN
REGISTRADORA CIVIL
Según Resolución N° 1010428 de fecha 31 de Agosto 2010



CERTIFICADO DE DEFUNCIÓN EV-14

SECCION I: IDENTIFICACION DEL FALLECIDO(A)

1. NOMBRE Y APELLIDOS Hernandez		2. SEXO <input checked="" type="radio"/> M <input type="radio"/> F		3. FECHA DE NACIMIENTO 12 01 61		4. FECHA DE EMISIÓN 13 05 2015		5. FECHA 2015		6. LUGAR DE EMISIÓN Portuguesa	
7. NÚMERO DE IDENTIFICACIÓN 9400639		8. TIPO DE IDENTIFICACIÓN <input checked="" type="radio"/> D <input type="radio"/> E		9. TIPO DE IDENTIFICACIÓN <input checked="" type="radio"/> D <input type="radio"/> E		10. TIPO DE IDENTIFICACIÓN <input checked="" type="radio"/> D <input type="radio"/> E		11. TIPO DE IDENTIFICACIÓN <input checked="" type="radio"/> D <input type="radio"/> E		12. TIPO DE IDENTIFICACIÓN <input checked="" type="radio"/> D <input type="radio"/> E	
13. LUGAR DE EMISIÓN Portuguesa		14. LUGAR DE EMISIÓN Portuguesa		15. LUGAR DE EMISIÓN Portuguesa		16. LUGAR DE EMISIÓN Portuguesa		17. LUGAR DE EMISIÓN Portuguesa		18. LUGAR DE EMISIÓN Portuguesa	
19. LUGAR DE EMISIÓN Portuguesa		20. LUGAR DE EMISIÓN Portuguesa		21. LUGAR DE EMISIÓN Portuguesa		22. LUGAR DE EMISIÓN Portuguesa		23. LUGAR DE EMISIÓN Portuguesa		24. LUGAR DE EMISIÓN Portuguesa	
25. LUGAR DE EMISIÓN Portuguesa		26. LUGAR DE EMISIÓN Portuguesa		27. LUGAR DE EMISIÓN Portuguesa		28. LUGAR DE EMISIÓN Portuguesa		29. LUGAR DE EMISIÓN Portuguesa		30. LUGAR DE EMISIÓN Portuguesa	

SECCIÓN II: MENORES DE UN AÑO O MUERTE FETAL (Llene para la Defunción Tipo 1 y 2)

1. <input type="radio"/> Varón <input type="radio"/> Femenino		2. <input type="radio"/> Días <input type="radio"/> Meses <input type="radio"/> Años		3. DURACIÓN DEL EMBARAZO (en Semanas y Días)		4. TIPO DE DESPLAZAMIENTO		5. <input type="radio"/> Vaginal <input type="radio"/> Natural <input type="radio"/> Cesárea	
6. <input type="radio"/> Normal <input type="radio"/> Anormal		7. <input type="radio"/> Vaginal <input type="radio"/> Cesárea <input type="radio"/> Anormal		8. <input type="radio"/> Normal <input type="radio"/> Anormal		9. <input type="radio"/> Normal <input type="radio"/> Anormal		10. <input type="radio"/> Normal <input type="radio"/> Anormal	
DATOS DE LA MADRE									
11. <input type="radio"/> Normal <input type="radio"/> Anormal		12. <input type="radio"/> Normal <input type="radio"/> Anormal		13. <input type="radio"/> Normal <input type="radio"/> Anormal		14. <input type="radio"/> Normal <input type="radio"/> Anormal		15. <input type="radio"/> Normal <input type="radio"/> Anormal	
16. <input type="radio"/> Normal <input type="radio"/> Anormal		17. <input type="radio"/> Normal <input type="radio"/> Anormal		18. <input type="radio"/> Normal <input type="radio"/> Anormal		19. <input type="radio"/> Normal <input type="radio"/> Anormal		20. <input type="radio"/> Normal <input type="radio"/> Anormal	
21. <input type="radio"/> Normal <input type="radio"/> Anormal		22. <input type="radio"/> Normal <input type="radio"/> Anormal		23. <input type="radio"/> Normal <input type="radio"/> Anormal		24. <input type="radio"/> Normal <input type="radio"/> Anormal		25. <input type="radio"/> Normal <input type="radio"/> Anormal	
26. <input type="radio"/> Normal <input type="radio"/> Anormal		27. <input type="radio"/> Normal <input type="radio"/> Anormal		28. <input type="radio"/> Normal <input type="radio"/> Anormal		29. <input type="radio"/> Normal <input type="radio"/> Anormal		30. <input type="radio"/> Normal <input type="radio"/> Anormal	
31. <input type="radio"/> Normal <input type="radio"/> Anormal		32. <input type="radio"/> Normal <input type="radio"/> Anormal		33. <input type="radio"/> Normal <input type="radio"/> Anormal		34. <input type="radio"/> Normal <input type="radio"/> Anormal		35. <input type="radio"/> Normal <input type="radio"/> Anormal	
36. <input type="radio"/> Normal <input type="radio"/> Anormal		37. <input type="radio"/> Normal <input type="radio"/> Anormal		38. <input type="radio"/> Normal <input type="radio"/> Anormal		39. <input type="radio"/> Normal <input type="radio"/> Anormal		40. <input type="radio"/> Normal <input type="radio"/> Anormal	
41. <input type="radio"/> Normal <input type="radio"/> Anormal		42. <input type="radio"/> Normal <input type="radio"/> Anormal		43. <input type="radio"/> Normal <input type="radio"/> Anormal		44. <input type="radio"/> Normal <input type="radio"/> Anormal		45. <input type="radio"/> Normal <input type="radio"/> Anormal	
46. <input type="radio"/> Normal <input type="radio"/> Anormal		47. <input type="radio"/> Normal <input type="radio"/> Anormal		48. <input type="radio"/> Normal <input type="radio"/> Anormal		49. <input type="radio"/> Normal <input type="radio"/> Anormal		50. <input type="radio"/> Normal <input type="radio"/> Anormal	
51. <input type="radio"/> Normal <input type="radio"/> Anormal		52. <input type="radio"/> Normal <input type="radio"/> Anormal		53. <input type="radio"/> Normal <input type="radio"/> Anormal		54. <input type="radio"/> Normal <input type="radio"/> Anormal		55. <input type="radio"/> Normal <input type="radio"/> Anormal	
56. <input type="radio"/> Normal <input type="radio"/> Anormal		57. <input type="radio"/> Normal <input type="radio"/> Anormal		58. <input type="radio"/> Normal <input type="radio"/> Anormal		59. <input type="radio"/> Normal <input type="radio"/> Anormal		60. <input type="radio"/> Normal <input type="radio"/> Anormal	
61. <input type="radio"/> Normal <input type="radio"/> Anormal		62. <input type="radio"/> Normal <input type="radio"/> Anormal		63. <input type="radio"/> Normal <input type="radio"/> Anormal		64. <input type="radio"/> Normal <input type="radio"/> Anormal		65. <input type="radio"/> Normal <input type="radio"/> Anormal	
66. <input type="radio"/> Normal <input type="radio"/> Anormal		67. <input type="radio"/> Normal <input type="radio"/> Anormal		68. <input type="radio"/> Normal <input type="radio"/> Anormal		69. <input type="radio"/> Normal <input type="radio"/> Anormal		70. <input type="radio"/> Normal <input type="radio"/> Anormal	
71. <input type="radio"/> Normal <input type="radio"/> Anormal		72. <input type="radio"/> Normal <input type="radio"/> Anormal		73. <input type="radio"/> Normal <input type="radio"/> Anormal		74. <input type="radio"/> Normal <input type="radio"/> Anormal		75. <input type="radio"/> Normal <input type="radio"/> Anormal	
76. <input type="radio"/> Normal <input type="radio"/> Anormal		77. <input type="radio"/> Normal <input type="radio"/> Anormal		78. <input type="radio"/> Normal <input type="radio"/> Anormal		79. <input type="radio"/> Normal <input type="radio"/> Anormal		80. <input type="radio"/> Normal <input type="radio"/> Anormal	
81. <input type="radio"/> Normal <input type="radio"/> Anormal		82. <input type="radio"/> Normal <input type="radio"/> Anormal		83. <input type="radio"/> Normal <input type="radio"/> Anormal		84. <input type="radio"/> Normal <input type="radio"/> Anormal		85. <input type="radio"/> Normal <input type="radio"/> Anormal	
86. <input type="radio"/> Normal <input type="radio"/> Anormal		87. <input type="radio"/> Normal <input type="radio"/> Anormal		88. <input type="radio"/> Normal <input type="radio"/> Anormal		89. <input type="radio"/> Normal <input type="radio"/> Anormal		90. <input type="radio"/> Normal <input type="radio"/> Anormal	
91. <input type="radio"/> Normal <input type="radio"/> Anormal		92. <input type="radio"/> Normal <input type="radio"/> Anormal		93. <input type="radio"/> Normal <input type="radio"/> Anormal		94. <input type="radio"/> Normal <input type="radio"/> Anormal		95. <input type="radio"/> Normal <input type="radio"/> Anormal	
96. <input type="radio"/> Normal <input type="radio"/> Anormal		97. <input type="radio"/> Normal <input type="radio"/> Anormal		98. <input type="radio"/> Normal <input type="radio"/> Anormal		99. <input type="radio"/> Normal <input type="radio"/> Anormal		100. <input type="radio"/> Normal <input type="radio"/> Anormal	

SECCIÓN III: 1 AÑO O MÁS (Usene para 1ª Defunción Tipo 3)

35 and	11	10	01	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																														
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									
1. NAME (Last, First, Middle Initial)										2. DATE OF BIRTH (Month, Day, Year)										3. SEX (Male, Female)										4. RELIGION (Catholic, Protestant, Muslim, Other)										5. OCCUPATION (Student, Teacher, Doctor, Nurse, etc.)										6. ADDRESS (Street, City, State, Zip)										7. PHONE NUMBER (Area Code, Number)										8. SOCIAL SECURITY NUMBER (Area Code, Number)										9. MARITAL STATUS (Single, Married, Divorced, Widowed)										10. EDUCATION (High School, College, Graduate School)										11. EMPLOYMENT (Employer, Position)										12. INCOME (Annual, Monthly)										13. HEALTH (Good, Fair, Poor)										14. DISABILITIES (Physical, Mental, Emotional)										15. OTHER INFORMATION (Comments, Notes)									

SECCION IV: MUERTE MUJERES EN EDAD FERTIL

SECCION V: MUERTE VIOLENTA PRESUNTIVA

[illegible]

SECCIÓN VI: CERTIFICACIÓN MÉDICA

1. Insuficiencia Respiratoria Aguda.
 2. Shock Séptico.
 3. Neumonía Nosocomial
 4. Fibrosis Pulmonar Hipertensiva.

SECCION VIII: RESPONSA ILE DE LA CERTIFICACION

9. Datos: **109.663** ☐ FEMBRAS ☐ MASCULOS
 Nombre: **Brigida Valera Gladys Isabel** **21160267**
 10. CIRCUNSTANCIAS DEL CASO: CONTRA DE LA CERTIFICACION DE FERTILIDAD PORQUE EN ESTA SERVIDO
 11. TELEFONO DEL MEDICO RESPONSABLE DE LA CERTIFICACION: **0412-525-12-03**
 12. FIRMA DEL MEDICO RESPONSABLE DE LA CERTIFICACION: **Dra. Gladys Brigida**
 13. FIRMA DEL CASO DE CERTIFICACION: **Dr. Miguel Ocas**
 14. DADO DE RESPONSABILIDAD DEL CERTIFICACION MEDICO: **Medico Integrante**
 15. FIRMA DEL CASO DE CERTIFICACION: **Medico Integrante**

SECCIÓN VIII: DATOS DEL REGISTRO CIVIL

[illegible]

SP del INE					
------------	--	--	--	--	--

Nº de Control del Registro Civil					
----------------------------------	--	--	--	--	--

3023638

REPÚBLICA BOLIVARIANA DE VENEZUELA
CECULA DE IDENTIDAD
V 12.328.042
MF002
Dante Rivas
Director

APÉLIDOS PEREZ
NOMBRES MAGDALENO
Magdalena
FOTOTRAC

15-01-70 SOLTERO
F. NACIMIENTO EDO. CIVIL

10-06-12 08-2022
F. EXPIRACIÓN F. VENCIMIENTO

VENEZOLANO



REPÚBLICA BOLIVARIANA DE VENEZUELA
CECULA DE IDENTIDAD
V 9.400.619
MM756
Anabel Jimenez
Director

APÉLIDOS HERNANDEZ
NOMBRES MARIA YGINIA
Maria Hernandez
FOTOTRAC

11-01-61 SOLTERA
F. NACIMIENTO EDO. CIVIL

31-10-15 10-2025
F. EXPIRACIÓN F. VENCIMIENTO

VENEZOLANO



TAC 2063

Ciudadano: Reinaldo Castañeda (Servicio)

Gobernador del Estado Portuguesa

Su Despacho

Tengo el honor de dirigirme a usted con la finalidad de solicitarle su ayuda económica ya que tengo una deuda con la funeraria ya que mi concubina falleció soy un hombre de muy bajos recursos y con el tratamiento y suministro de oxígeno que era a diario fueron mayores los gastos y hay una deuda de 100 mil bolívares por eso recurro a usted para que me ayude a salir de esto Dios primeramente y usted podrá salir de este apuro que me tiene preocupado ya que soy una persona honesta humilde y trabajadora

Atentamente

Perez Magdaleno

C.I: 13.328.042



Cel 0416.5153381