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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PEMERINTAH KABUPATEN KARAWANG  KECAMATAN TELAGASARI  DESA CADASKERTAJAYA  Jl. Cicadas, No. 207 Rt. 002/001 - Telagasari 41381  KARAWANG | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **SURAT KETERANGAN KEMATIAN**  Nomor: ${no\_surat} | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yang bertanda tangan dibawah ini, menerangkan bahwa : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nama lengkap | | | : | ${nama} | | | | | | | | | | | | | | | | | | | | | | |  |
| NIK | | | : | ${nik} | | | | | | | | | | | | | | | | | | | | | | |  |
| Umur | | | : | ${umur} | | | | | | | | | | | | | | | | | | | | | | |  |
| Pekerjaan | | | : | ${pekerjaan} | | | | | | | | | | | | | | | | | | | | | | |  |
| Alamat KTP | | | : | ${alamat\_ktp} | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telah meninggal dunia pada : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hari | | | : | ${hari\_kematian} | | | | | | | | | | | | | | | | | | | | | | |  |
| Tanggal | | | : | ${tanggal\_kematian} | | | | | | | | | | | | | | | | | | | | | | |  |
| Pukul | | | : | ${jam\_kematian} | | | | | | | | | | | | | | | | | | | | | | |  |
| Tempat Kematian | | | : | ${tempat\_kematian} | | | | | | | | | | | | | | | | | | | | | | |  |
| Penyebab kematian | | | : | ${penyebab\_kematian} | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surat keterangan ini dibuat berdasarkan Keterangan pelapor : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nama lengkap | | | : | ${nama\_pelapor} | | | | | | | | | | | | | | | | | | | | | | |  |
| NIK | | | : | ${nik\_pelapor} | | | | | | | | | | | | | | | | | | | | | | |  |
| Umur | | | : | ${umur\_pelapor} | | | | | | | | | | | | | | | | | | | | | | |  |
| Pekerjaan | | | : | ${pekerjaan\_pelapor} | | | | | | | | | | | | | | | | | | | | | | |  |
| Alamat | | | : | ${alamat\_ktp\_pelapor} | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Hubungan pelapor dengan yang meninggal dunia | | | | | : | ${status\_hubungan} | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  | Dibuat di Cadaskertajaya | | | | | | | | | | | | |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  | Pada tanggal ${created\_at} | | | | | | | | | | | | |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  | A.N KEPALA DESA CADASKERTAJA  SEKRETARIS DESA | | | | | | | | | | | | |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  | MAMAN | | | | | | | | | | | | |  |