Notification / register of death / still birth (BI-1663)

	REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS	BI - 16
	NOTIFICATION / REGISTER OF DEATH / STII	TT RIKIH
	in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	ce for Bar Code
Must be completed	l in black ink (please tick / where applicable) SERIAL No:	
Please refer to ins	tructions A 0 1857265	
ILE No:	DAILE.	Date of birth
	RS OF DECEASED INDIVIDUAL / STILLBORN CHILD	Y Y Y Y M M D D
Identity number of deceased	Date of death Y Y Y Y M M D D	Age at last
Surname		
Maiden Name (If female)		Sex
Forenames		after birth No. of hours alive
MARITAL STA	TUS OF DECEASED Single Civil Marriage Living as married Widowed	
	Religious Law Marriage Divorced Customary Marriage	int I
DI ACE OF BIRTH	(municipal district or country if chroad)	f deceased
	(municipal district or country if abroad) (City / Town / Village)	of decease
	FRATION OF DEATH	Ted Ted
CITIZENSHIP OF		
B PARTICULA	RS OF INFORMANT	
Identity number		nt nt
Initials and Surname		informant informant
Relationship to dece	ased Parent Spouse Child Other (specify)	infe infe
Postal address		Left
	Postal Code Diallin	ng Code
Was the next of kin smoker* during the	of the deceased a yes No Physe to answer Telephone No.	
Date	Synan	
		ce Stamp of Funeral Undertaker
Initials and Surname		
Designation No.	Place of burial commation	
Date	Signature	
D CERTIFICA	TE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Posta	al Address
	nereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL	
CAUSES specified	in Section G	
exclusively due to	, am not in the position to certify that the deceased died latural causes	
	SAMDC / SANC Reg. N	o.
	ND SURNAME SIGNATURE	ala MM V V V
I, the undersigned,	hereby certify that a medicolegal post-mortem examination has been	al Address
body is no longer re	equired for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and	
that the cause of de	ath is: Unnatural Under investigation	
	Natural (Cause of Death as indicated in Section G)	
Initials and Surnam	Postal Code	
DI C	Date Y Y Y W M M D D	
	m Mortuary Reference Mortuary Reference	
Signature E FOR OFFIC	Date signed 2 2 2 2 2 3 3 3 3 5 5 SAMDC Reg. No.	Office Stamp
Registration of deat		Office Stamp ⊳
Address	Force No. /	
radicss	Designation No.	
	Persal No.	

Reverse side of Notification / register of death / still birth (BI-1663)

PART 1. Enter the disease, injuries or complications that caused these are death line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of) B. Due to (or as a consequence of) PART 2. Other significant conditions contributing to death) By the final disease or condition resulting in death) Due to (or as a consequence of) Due to (or as a consequence of) If a female, was she pregnant 42 days prior to death? () : Yes					F	3041 10	<u>-</u>	onfidentialit			Space for Bar Code)
The No: DATE: A 01857265 F DEMOGRAPHIC DETAILS. Initials and Sumame of deceased							c	EDIAL No.				
F DEMOGRAPHIC DETAILS Initials and Surname of deceased	TI E N	ía.		DATE.					5			
Initials and Surname of deceased Identity Number			APHIC DE				AUL	301200				
Identity Number								111			ПППП	ПП
Suburb Town / Village Name of Plot, Farm, etc Street name and number Street name and number Town / Village T	Identity	y Number	. [
Usual residential address of deceased Suburb Town / Village Census Enumerator Area	Place o	of death	1. ?	Hospital: (In	npatient	ER/ Outpat	ient	DOA () 2.	Nursing Hom	c 3.	Home 4. Other	r (Specify)
Name of Plot, Farm, etc Street name and number Deceased's Education (Specify only highest class completed/achieved) None Gr1 Gr2 Gr3 Gr4 Gr5 Gr6 Gr7 Gr8 Gr9 Gr1 Gr11 Gr12 Univ CODE Province Country USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use retired) Was the deceased a smoker* five years ago? (v): Yes Do not know Not applicable (minor) G MEDICAL CERTIFICATE OF CAUSE OF DEATH PART 1. Enter the disease, injuries or complications that causes finewasts or condition resulting in death) Details of or as a consequence of the underlying cause given in Part 1. If a female, was she pregnant 42 days prior to death? (v): Yes No PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. If a female, was she pregnant 42 days prior to death? (v): Yes No PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. If a female, was she pregnant 42 days prior to death? (v): Yes No Method of accertainment of cause of death: 1. Autopsy 2. Opinion of attending medical practitioner 3. Opinion of attending medical practitioner on duty 4. Opinion of registered professional nurse 5. Interview of family member	FACIL	ITY NAN	Æ (If not instit	ution, give st	treet and num	ıber)						
Name of Plot, Farm, etc	Usual r address	residentia s of decea	i sed#				s	uburb				
Street name and number Deceased's Education (Specify only highest class completed/achieved)									Town / Villag	e		Ш
Deceased's Education (Specify only highest class completed/achieved) None	Name o	of Plot, Fa	arm, etc					Census E	inumerator Are	a 🔲		
None GrI Gr2 Gr3 Gr4 Gr5 Gr6 Gr7 Form Form Form Form Form Form Form Form	Street 1	name and	number							Magist.	Dist	
USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use retired) Was the deceased a smoker* five years ago? (Postal C	ode	
USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use retired) Was the deceased a smoker* five years ago? (None	Gr1	Gr2 Gr3	Gr4 Gr5	Gr6 G	Form Fo	orm Form 1	Form Form Tec	iv CODE			П
4. Opinion of registered professional nurse 5. Interview of family member 6. Other (Specify)		RT 1. Endiac or re	nter the disease espiratory arres TE CAUSE (Fin resulting in de	e, injuries or it, shock, or h nal disease eath) s, if any,	e complication heart failure. a. ——————————————————————————————————	ns that caused List only one as a consequ	nce of)		de of dying, su	ch as	between onset and Death	USE ONLY
6. Other (Specify)	PA but	ding to ir NDERLYI isease or ents resul RT 2. Ot t not resu a female, stillborn, o you cons	nmediate cause ING CAUSE Is injury that initi ting in death) ther significant liting in the un was she pregna please write m sider the decease	econditions of derlying cau ant 42 days p mass in grams sed to be:	c	as a consequence of death Part 1.	nce of)		No Other	(Specify	0)	
С (Specify)	PA but If a Do	ding to ir DERLYI isease or ents resultance. RT 2. Out t not resultance. a female, estillborn, o you consected of a	nmediate cause ING CAUSE Is injury that initi ting in death) ther significant liting in the un was she pregna please write m sider the decease	conditions conditions conditions can derlying causant 42 days pass in grams sed to be:	c	as a consequence of death Part 1.	nce of)	Coloured	Other			er on duty
Where someone lived on most days * Someone who smokes tobacco on most days	IM or See least le	ding to ir MERLYI isease or ents resul RT 2. Or t not resul a female, stillborn, o you consetthod of a Autopsy	nmediate cause ING CAUSE Is injury that initi ting in death) ther significant eliting in the un was she pregne please write m sider the decease scertainment o	conditions conditions conditions cated and 42 days plass in grams sed to be: f cause of de	Due to (or Due to (or Due to (or Contributing to use given in prior to death African Opinion of	as a consequence of death Part 1	Indian	Coloured	Other			er on duty
	IM or See lea unit lead of the	ding to ir NDERLY isease or ents resultance. RT 2. Of t not resultance. a female, stillborn, o you consected of a Autopsy	nmediate cause ING CAUSE Is injury that initi ing in death) ther significant elting in the un was she pregne please write m sider the decease scertainment of	conditions of derlying cat ant 42 days pass in grams sed to be: f cause of de	Due to (or Due to (or Due to (or Contributing to use given in prior to death African Opinion of	as a consequence of death Part 1	Indian	Coloured	Other			er on duty