



SOLOMON ISLANDS GOVERNMENT

APPLICATION FOR REGISTRATION OF A DEATH Births And Deaths (Registration) Act [Cap 168] of 1988

Medical Practitioner Nurse Minister of Religion Magistrate Family Tick Appropriate box of notifier

A. DECEASED PARTICULARS

1. Surname: 2. First Name: 3. Middle Name: (if any)

B. ADDITIONAL INFORMATION OF THE DECEASED

4. Date of Death: 5. Date of Birth: 6. SEX: Male Female

C. FOR CHILDREN UNDER 5 (applicable for deceased under 5 years)

7. applicable for deceased under 5 years Mother's surname: Mother's given name:

8. Nationality: 9. Ethnicity: 10. Name of Religion (Church):

11. Marital Status: 12. Occupation (Profession): 13. Address: Current Address: Home Address:

D. PLACE OF DEATH

Name of health facility: Name of Village: Place of Burial: (if Known)

E. MANNER OF DEATH

Manner of Death: Accident Assault Disease Intentional self-harm Type of Disease or Injury: Date of injury:

F. INFORMANT DECLARATION.

(Must be parents, Guardian, Church Minister, Medical Practitioner, Nurse or Immediate relative of the Deceased) Full Name: Relationship to the Deceased: Address: Occupation: Signature: Date:

Authentication This form must be accompanied with the following documentations as evidence of the death of the deceased. a. Copy of Death Notification Form from the Hospital or Health Facility where the death has taken place; and/ or b. Copy of a burial or death notification from church minister; and/or c. Statutory Declaration signed by parents/ or Guardian and/ or Immediate relative of the deceased in the presence of a magistrate or a Commissioner for Oaths