

TRANSLATION

No:

SRI LANKA
REGISTER OF DEATHS
Births & Deaths Registration Act (Cap.110)

District:

Division:

1. Date and Place of Death	
2. Name	
3. Sex and race	
4. Age	
5. Rank or profession	
6. Parents full names } Father Mother	
7. Cause of death, and place of burial or cremation	
8. Informant's full name, residence, and capacity for giving information	
9. Informant's signature	
10. Date of registration	
11. Registrar's signature	

I do hereby certify that the foregoing is a true copy of the ~~birth/ marriage/~~ death registration entry filed of record in this office.

Additional District Registrar
Divisional Secretariat

Date:

Photocopied By:

Checked By:
