

CIVIL REGISTRATION FORM NO. 2A

(DEATH AVAILABLE)

Date: _____

Page Number: _____

Book Number: _____

Registry Number: _____

Date of Registration: _____

Name of Deceased: _____

Sex: _____

Age: _____

Civil Status: _____

Nationality: _____

Date of Death: _____

Place of Death: _____

Cause of Death: _____

Amount Paid: _____

O.R. Number: _____

Date Paid: _____

Issued To: _____