S.I. 56 of 2022

CIVIL STATUS ACT

(Cap. 34)

Civil Status (Medical Certificate of Cause of Death) Regulations, 2022

In exercise of the powers conferred by sections 2 and 165 of the Civil Status Act, as amended, the Minister responsible for civil status makes the following regulations —

Citation

1. These regulations may be cited as the Civil Status (Medical Certificate of Cause of Death) Regulations, 2022.

Medical Certificate of Cause of Death

2. The certificate set out in Schedule 1 shall be the Medical Certification of Cause Death for the purposes of the Act.

Variation of certificate

3. The Principal Secretary responsible for health may modify, alter or add such words or phrases to the certificate contained in Schedule 1 and any such variation shall not affect the validity or regularity of the certificate.

SCHEDULE 1 (Regulation 2)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

1. FIRST NAMES		2. LAST NA	AME	3. SEX
4. DATE OF BIRTH	5. PLACE OF RES	IDENCE	6. OCCUPATION	7. NATIONALITY
8. NATIONAL IDENTITY N	UMBER/PASSPORT	9. DATE	OF DEATH	10. TIME OF DEATH
NUMBER				
11. PLACE OF DEATH (Che	12. FACILITY NAME			
HOSPITAL	(OTHER		
☐ Inpatient ☐ ER/Outpati	ent DOA	☐ Institution		
]	Residence	☐ Other (Specify)	

mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. The condition thought to be the underlying cause of death should appear last. I(a) Final disease or condition leading to death I(b) Other disease or b. I(c) Other disease or condition if any leading to a I(c) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or condition if any leading to be a I(d) Other disease or conditions leading to death but not resulting in the underlying cause given in Part I If we were onset and death between onset and death and leads a line of the condition of the condition in the condition of the condition is any leading to be a I(b) Other disease or condition if any leading to a I(d) Other disease or conditions leading to death but not resulting in the underlying cause given in Part I If we were onset and death and leads a line of the condition is leading to death should appear last. If a was An Auttopsy Performed? Yes No If we were onset and death and leads a line of the condition is leading to death but not resulting in the underlying cause given in Part I If a was Surgery Performed I a was a line of the underlying cause given in Part I If a was Surgery Performed I a was a line of the underlying cause given in Part I If a was Surgery Performed I a was a line of the underlying cause given in Part I If a was Surgery Performed I a was a line of the underlying cause given in Part I If a was Surgery Performed I a was a line of the underlying cause given in Part I If a was Surgery Performed I a was a line of the underlying cause given in Part I If a was Surgery Perfo	mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. The condition thought to be the underlying cause of death should appear last. I(a)Final disease or condition leading to death a. (immediate cause of death) I(b) Other disease or b. Condition if any leading to a l(c) Other disease or c. condition if any leading to a l(d) Other disease or condition if any leading to c I(d) Other significant conditions leading to death but not resulting in the underlying cause given in Part I 16. WERE AUTOPSY FINDINGS USED IN COMPLETING THIS CERTFICATE? Yes No	mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. The condition thought to be the underlying cause of death should appear last. I(a)Final disease or condition leading to death a. I(b) Other disease or b. I(d) Other disease or c. condition if any leading to a 1 (c) Other disease or c. condition if any leading to to a 1 (d) Other disease or c. condition if any leading to to death but not resulting in the underlying cause given in Part I 1				FRA	ME A			
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Suicide Describe now interior occorded		Homicide	☐ Suicide		19d. DE	SCRIBE HO	W INJURY OCC	CURRED		
Suicide Describe now interior occorded		Homicide	☐ Suicide		19d. DE	SCRIBE HO	W INJURY OCC	CURRED		
Suicide Put. Describe now involve decorates		Homicide	☐ Suicide		19d. DE	SCRIBE HO	I W INJURY OCC	CURRED		
		Suicide Suicide	□ c:.:4-		10d DE	SCRIBE HO	W INTERVOCA	TIPPED		
		☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	⊔ Natural	_					⊔ Yes ⊔ No	
Accident		Accident Suicide 19d. DESCRIBE HOW INJURY OCCURRED	☐ Natural	П	INJURY				□Ves □No	
Accident		Accident Suicide 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH			19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident		□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH			19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident		□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH			19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
Natural □ INJURY □ Yes □ No Accident	18 MANNER OF DEATH 100 DATE OF 10b TIME OF INITIDY 10c INITIDY AT WORKS	□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED			10a DA			FINITIRY	19c INHIRY AT WORK?	
Natural □ INJURY □ Yes □ No Accident		□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED						SUKUEKI (DIS	case of condition)	
18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD Yes \(\sigma \) No Accident	☐ Yes ☐ No ☐ Unknown SUKGERY	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORK? INJURY □ Yes □ No Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED						SURGERY (Dis	ease or condition)	
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Yes No □ Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD INJURY □ Natural □ Accident □ Yes □ No		Yes No Unknown SURGERY SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORK? INJURY 19d. DESCRIBE HOW INJURY OCCURRED 19d. DESCRIBE HOW INJURY OCCURR			KMED		ES SPECIFY			
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SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD INJURY Natural □ Accident □ Yes □ No		Yes No Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19c. INJURY AT WORK? INJURY □ Yes □ No Accident □ 19d. DESCRIBE HOW INJURY OCCURRED	17a. WAS SURGE	ERY PERFO	RMED	17b. IF YE	ES SPECIFY	17c. IF YES SP	ECIFY REASON FOR	
SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD INJURY Natural □ Accident □ Yes □ No		Yes No Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19c. INJURY AT WORK? INJURY □ Yes □ No Accident □ 19d. DESCRIBE HOW INJURY OCCURRED	17a. WAS SURGE	ERY PERFO	RMED	17b. IF YE	ES SPECIFY	17c. IF YES SP	ECIFY REASON FOR	
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Yes No □ Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD INJURY □ Natural □ Accident □ Yes □ No		Yes No Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19c. INJURY AT WORK? INJURY □ Yes □ No Accident □ 19d. DESCRIBE HOW INJURY OCCURRED			KWIED		S STECIL I			
Yes No □ Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD INJURY □ Natural □ Accident □ Yes □ No		Yes No Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19c. INJURY AT WORK? INJURY □ Yes □ No Accident □ 19d. DESCRIBE HOW INJURY OCCURRED	DURING LAST 4	WEEKS?		DATE OF		SURGERY (Dis	ease or condition)	
□ Yes □ No □ Unknown SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD INJURY □ Natural □ Yes □ No Accident □ Yes □ No	*	SURGERY 18. MANNER OF DEATH 19a. DATE OF INJURY INJURY INJURY Natural □ Accident Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED SURGERY 19c. INJURY AT WORK? □ Yes □ No 19d. DESCRIBE HOW INJURY OCCURRED	DURING LAST 4	WEEKS?		DATE OF		SURGERY (Dis	ease or condition)	
18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD Yes \(\sigma \) No Accident	☐ Yes ☐ No ☐ Unknown SURGERY	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORK? □ Natural □ □ □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	DURING LAST 4	WEEKS?		DATE OF		SURGERY (Dis	ease or condition)	
18. MANNER OF DEATH 19a. DATE OF INJURY INJURY 19b. TIME OF INJURY 19c. INJURY AT WORD Yes \(\sigma \) No Accident	☐ Yes ☐ No ☐ Unknown SURGERY	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORK? □ Natural □ □ □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	DURING LAST 4	WEEKS?				SURGERY (Dis	ease or condition)	
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Natural □ INJURY □ Yes □ No Accident		□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	☐ Yes ☐ No ☐	Unknown		SURGERY				
Natural □ INJURY □ Yes □ No Accident		□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED		- 01111101111						
Natural □ INJURY □ Yes □ No Accident		□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED								
Natural □ INJURY □ Yes □ No Accident	19 MANNIED OF DEATH 100 DATE OF 100 TIME OF INHIDY 100 INHIDY AT WORKS	□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	10 MANNED OF	DEATH	10a DA	TE OF	10b TIME OF	ZINIHIDV	10a INHIDVATWODE?	
□ Natural □ □ □ Yes □ No Accident	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORKS	□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH	19a. DA	TE OF	19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident		□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH			19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORKS	□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH	19a. DA	TE OF	19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORKS	□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH	19a . DA	TE OF	19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORKS	□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH	19a . DA	TE OF	19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ Accident □ □ Yes □ No	18. MANNER OF DEATH 19a. DATE OF 19b. TIME OF INJURY 19c. INJURY AT WORKS	□ Natural □ INJURY □ Yes □ No □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH	19a. DA	TE OF	19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
□ Natural □ □ □ Yes □ No Accident		□ Natural □ Accident □ Suicide □ 19d. DESCRIBE HOW INJURY OCCURRED	18. MANNER OF	DEATH			19b. TIME OF	FINJURY	19c. INJURY AT WORK?	
Accident		Accident Suicide 19d. DESCRIBE HOW INJURY OCCURRED			INJURY					
Accident		Accident Suicide 19d. DESCRIBE HOW INJURY OCCURRED			INJURY					
		☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	☐ Natural	_					☐ Yes ☐ No	
		☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	☐ Natural	_					☐ Yes ☐ No	
	□ Natural □ □ Yes □ No	☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	☐ Natural						□ Yes □ No	
Accident		Accident Suicide 19d. DESCRIBE HOW INJURY OCCURRED			INJURY					
Accident		Accident Suicide 19d. DESCRIBE HOW INJURY OCCURRED	□ Noture1		INJURY				□Vos □No	
		☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	☐ Natural	_					☐ Yes ☐ No	
		☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	□ Naturai	_					Lies Lino	
□ Suicido □ 19d DESCRIBE HOW INITIRY OCCURRED		Suicide Suicide		Accident						
Suicide DESCRIBE NOW INJURY OCCURRED	☐ Suicide ☐ 19d. DESCRIBE HOW INJURY OCCURRED	Homicide	☐ Suicide		19d. DE	SCRIBE HO	W INJURY OCC	CURRED		
Homicide	Homicide	11011110100		Homicide						
		☐ Pending investigation	· ·	_	19e. PL.	ACE OF INJ	URY - at home. f	arm, street, factory.	office building.	
				Cicinilleu	, , , , , ,					
19f. LOCATION OF INJURY (geographical location)	19f. LOCATION OF INJURY (geographical location)	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.			19f. LOCATION OF INJURY (geographical location)					
20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGH	(848-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.	20a. IF FEMALE	:	l .		21. IF FOETA	L OR INFANT	21d. BIRTH WEIGHT	
	20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT			21a. Multiple pregnancy					
IN VEADS.	20a. IF FEMALE: Not pregnant, but pregnant within 42 days of DEATH: 21. IF FOETAL OR INFANT DEATH: IN GRAMMES:	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of 21d. BIRTH WEIGHT IN GRAMMES:					IN YEARS:			
	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not RAMMES: 21a. Multiple pregnancy □ 21c. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER	☐ Not pregnant within past year			Yes ∐ No		IN YEARS:		
	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not RAMMES: 21a. Multiple pregnancy □ 21c. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER	☐ Not pregnant within past year					IN LEAKS:		
	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not RAMMES: 21a. Multiple pregnancy □ 21c. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER						III I EARS.		
□ Not pregnant within past year Yes □ No IN YEARS:	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not RAMMES: 21a. Multiple pregnancy □ 21c. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER				□Unknown				
☐ Not pregnant within past year Yes ☐ No ☐ IN YEARS:	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not RAMMES: 21a. Multiple pregnancy □ 21c. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER								
Les Constitution Les Co	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Land Death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of death 21i. IF FOETAL OR INFANT DEATH: 1N GRAMMES: 21e. AGE OF MOTHER	☐ Not pregnant within past year			Yes □ No		IN YEARS:		
	20a. IF FEMALE: Not pregnant, but pregnant within 42 days of DEATH: 21. IF FOETAL OR INFANT DEATH: IN GRAMMES:	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of 21d. BIRTH WEIGHT IN GRAMMES:	death		21a. Multiple pregnancy					
1 Not pregnant, but pregnant within 42 days of	20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: 21d. BIRTH WEIGHT								
		Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location)		•	within 12	days of				
20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT		Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location)	20a. IF FEMALE	:			21. IF FOETA	L OR INFANT	21d. BIRTH WEIGHT	
AA, IEEEMALE. ALI DECETAL OR INCANT. ALI DECEMBER MUSICIFI		Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.	20. IE EEMALE	١			11 IE EOETA	L OD INEANE	114 DIDTH WEIGHT	
20a. IF FEMALE: 21 IF FORTAL OR INFANT 21d RIRTH WEIGH		Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.	20a. IF FEMALE	\ <u>.</u>			21. IF FOETA	L OR INFANT	21d. BIRTH WEIGHT	
20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGH	Control of the control (graphy and control of the c	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc.	20a. IF FEMALE	:	•		21. IF FOETA	L OR INFANT	21d. BIRTH WEIGHT	
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		Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location)	_,					IN GRAMMES:		
1 Not pregnant, but pregnant within 42 days of	20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT	☐ Not pregnant, but pregnant within 42 days of							
	20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: 21. IF FOETAL OR INFANT 21d. BIRTH WEIGHT				21a. Multiple pregnancy □		21e. AGE OF MOTHER		
	20a. IF FEMALE: Not pregnant, but pregnant within 42 days of DEATH: 21. IF FOETAL OR INFANT DEATH: IN GRAMMES:	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of 21d. BIRTH WEIGHT IN GRAMMES:								
I DI VEADO.	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Land Death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of death 21i. IF FOETAL OR INFANT DEATH: 1N GRAMMES: 21e. AGE OF MOTHER	☐ Not pregnant within past year		Yes □ No		IN YEARS:			
☐ Not pregnant within past year Yes ☐ No ☐ IN YEARS:	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not RAMMES: 21a. Multiple pregnancy □ 21c. AGE OF MOTHER	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of death 21a. Multiple pregnancy □ 21e. AGE OF MOTHER				□Unknown				
To Day	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant within past year 21. IF FOETAL OR INFANT DEATH: □ Not pregnant, but pregnant within 42 days of the state of the pregnancy □ the state of the pregnancy □ the state of	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of death Not pregnant within past year 21. IF FOETAL OR INFANT DEATH: 1N GRAMMES: 21e. AGE OF MOTHER IN YEARS:	-		12 dove +-	1 waa=		□ Vos □ No □		
☐ Pregnant at time of death ☐ Unknown	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant within past year □ Not pregnant within past year □ Pregnant at time of death □ Unknown □ Unknown □ 21d. BIRTH WEIGHT IN GRAMMES: 21a. Multiple pregnancy □ 21e. AGE OF MOTHER IN YEARS: □ Unknown	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: 21. IF FOETAL OR INFANT IN GRAMMES: death 21a. Multiple pregnancy 21e. AGE OF MOTHER IN YEARS: Pregnant at time of death Unknown Unknown IN YEARS:		but pregnant	43 days to	1 year		⊔ Yes ⊔ No ⊔		
□ Pregnant at time of death □Unknown	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant within past year □ Not pregnant within past year □ Pregnant at time of death □ Unknown □ Unknown □ 21d. BIRTH WEIGHT IN GRAMMES: 21a. Multiple pregnancy □ 21e. AGE OF MOTHER IN YEARS: □ Unknown	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: 21. IF FOETAL OR INFANT IN GRAMMES: death 21a. Multiple pregnancy 21e. AGE OF MOTHER IN YEARS: Pregnant at time of death Unknown Unknown IN YEARS:	before death				Unknown			
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☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown ☐ Unknown ☐ Unknown	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant within past year □ Pregnant at time of death □ Not pregnant, but pregnant 43 days to 1 year before death □ Unknown □ Unknown □ Unknown □ Unknown □ Unknown □ Unknown	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of death Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 21l. IF FOETAL OR INFANT IN GRAMMES: 21a. Multiple pregnancy ☐ 21e. AGE OF MOTHER IN YEARS: 1 Unknown 21b. Stillborn ☐ Yes ☐ No ☐ Unknown	□ ∪nknown if pr						i	
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☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown ☐ Unknown If pregnant within the past year ☐ Unknown If pregnant within the past year ☐ Unknown If pregnant within the past year ☐ Unknown ☐ Unknown If pregnant within the past year	20a. IF FEMALE: □ Not pregnant, but pregnant within 42 days of death □ Not pregnant within past year □ Pregnant at time of death □ Not pregnant, but pregnant 43 days to 1 year before death □ Unknown □ Unknown If pregnant within the past year □ Unknown □ Unknown If pregnant within the past year □ 11. IF FOETAL OR INFANT □ IN GRAMMES: 21a. Multiple pregnancy □ 21b. AGE OF MOTHER □ Unknown 21b. Stillborn □ Yes □ No □ Unknown 21c. If death within 24 hours	Could not be determined 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 19f. LOCATION OF INJURY (geographical location) 20a. IF FEMALE: Not pregnant, but pregnant within 42 days of death Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown Unknown If pregnant within the past year 19e. PLACE OF INJURY - at home, farm, street, factory, office building, construction site etc. 21e. IF FOETAL OR INFANT DEATH: IN GRAMMES: 21e. AGE OF MOTHER IN YEARS: Unknown 21b. Stillborn □ Yes □ No □ Unknown Unknown 21c. If death within 24 hours			in the past	year				
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20b. DID THE PREGNANCY CONTRI THE DEATH? □ Yes □ No □ Unk		21f. IF DEATH WAS PERINA CONDITIONS OF MOTHER T FOETUS OR NEWBORN:	<i>'</i>
22. NAME OF CERTIFYING PHYSICIAN		est of my knowledge, death occur e to the cause(s) and manner state	, ,
24. STAMP/REGISTRATION NUMBER	25a. NAME	E AND TITLE	
	25b. SIGNA	ATURE	25c. DATE

MADE this 20th day of April, 2022.

ERROL FONSEKA MINISTER OF INTERNAL AFFAIRS