|  |  |  |
| --- | --- | --- |
| Image result for renap guatemala | **National Registry of Individuals**  **Republic of Guatemala** |  |

Civil Registry of Individuals



Death Certificate

The undersigned Civil Registrar of Individuals of the National Registry of Individuals of the [XXX] Municipality, [XXX] District,

CERTIFIES

that on the [XXX] of [XXX] of the year [XXX], death certificate No. [XXX] was recorded in the Municipal Civil Registry of [XXX], [XXX] District:

**Information of the Decedent**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Names and Surnames of the Registered Individual | | | |
|  | | | |
|  |  |  |  |
| Age | ID | Gender | Marital Status |
|  | | | |
| Occupation | | | |
|  | | | |
| Country, District, Municipality of Birth | | | |
|  | | | |
| First and Last Names of Spouse | | | |
| **Information on the Death** | | | |
|  | | |  |
| Date of Death | | | Time of Death |
|  | | | |
| Place of Death | | | |
|  | | | |
| Cause A | | | |
|  | | | |
| Cause B | | | |
|  | | | |
| Cause C | | | |
|  | | | |
| Cause D | | | |
|  | | | |
|  | | | |
| **Parents’ Information** | | | |
|  | | | |
| First and Last Names of the Mother | | | |
|  | | | |
|  | | | |
| First and Last Names of the Father | | | |

**Comments**