REGISTRU PUBBLIKU U TAL-ARTIJIET DIRETTORAT TAL-PASSAPORTI U REGISTRAZZJONI CIVILI



LAND AND PUBLIC REGISTRY

PASSPORT OFFICE AND CIVIL REGISTRATION DIRECTORATE

MALTA

NOTIFICATION OF DEATH

Please fill in this form in BLOCK CAPITALS.

If a detail is not available please write "NOT KNOWN", if possible fill in all details for certificate to be completed.

Date		
1. DECEASED Name	Surname	
Date of Birth: (day)	(month)	(year)
Place of Birth: Town	Country	
Residence (Full Address):		
Town	Country	
Place of death: (Please write down full address)		
Date of Death:	Time: _	
Place of Burial: Town(Indicate whether burial or cremation)	Country	
ID/Passport or other identification	Number and issuance	

2. STATUS OF DECEASED (tick where appropriate)

- o Married
- o Bachelor
- o Spinster
- o Separated
- o Divorced
- o Marriage annulled
- o Widow

3. Husband's/Wife's Name and Surname
5. If applicable Wife's Maiden Surname
If <u>DIVORCED/SEPERATED</u> please send a <u>SIGNED PHOTOCOPY</u> of the Deed o divorce/separation decree absolute with this form. (Photocopies are retained).
3. FILL THIS PART ONLY IF DECEASED WAS PREVIOUSLY MARRIED
Husband's/Wife's Name and Surname
If applicable Wife's Maiden Surname
6. PARENTS OF DECEASED Please indicate whether parents were ALIVE or DEAD at the time of death of the deceased. Father's Name and Surname Mother's Name and Surname Mother's Maiden Surname
7. <u>DETAILS OF DECLARER</u>
Date Telephone
Name and Surname
Address
Email address Signature

A month after receiving this form, Death Certificates can be obtained from Evans Building, Merchant Street, Valletta CMR 02 or ordered from www.certifikati.gov.mt. If you have any difficulties completing the form please phone on 22209229

Data Protection Statement

Widower Not known

The Birth/Death Notification Section, Registration Directorate, collects and processes data in accordance with the Data Protection Act 2201 and the Privacy Policy of the department, a copy of which is available on demand.