



CIVIL REGISTRY DEPARTMENT AND VITAL STATISTICS UNIT

I, _____ AGE: _____

ADDRESS: _____

ID NUMBER: _____

PHONE NUMBER: _____

Do solemnly and sincerely declare that:

I, _____ **[Full Name]**, hereby confirm that I have known _____ **[Name of Deceased]** for _____ **[Number of Years]**. _____ **[He/She]** was my _____ **[State Relationship to Deceased]**.

_____ **[He/She]** passed away at _____ **[Place of Death (Hospital or other)]** on _____ **[Date]**. I was present at the wake on _____ **[Date]** which was held at _____ **[Place Name]**. The Funeral was held on _____ **[Date]** at _____ **[Place Name]**. _____ **[He/She]** was later buried at _____ **[Place Name]**.

The death was not registered because _____ **[Reason for the Late registration]**. I affirm that the information provided in this form is accurate to the best of my knowledge.

And I make this solemn declaration, conscientiously believing the same to be true; and by virtue of the provisions of The Oaths Acts, Chapter 130 of the Laws of Belize, Revised Edition, 2020.

Declarant's Signature

Declared and subscribed at Belize City

This _____ day of _____ 20_____
before me,

JUSTICE OF THE PEACE
SIGNATURE AND STAMP