SCHEDULE 5

Regulation 2(6)

DEATH REGISTER PAGE

DEATH Registered in the district of	District No. Year Entry No.
Forename(s)	2. Sex
Surname(s)	
3. Occupation	
4. Date of Year Month Day 5. Age	6. Marital or civil partnership status
7. When died	
8. Where died	
Usual residence (if different from 8 above)	
10. Cause of death (a)	
(b)	
(c)	
(d)	
Certifying registered medical practitioner	
11. Forename(s), surname(s) and occupation of spouse(s) or civil partner(s)	
12. Forename(s), surname(s) and occupation of father/parent 13.	Forename(s), surname(s) and occupation of mother/ parent
14. Signature of informant, how qualified to give information and	address
15. When Year Month Day 16.	
registered	O. data
17.	Registrar
18.	