

TRANSLATION OF DEATH CERTIFICATE OF:

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------|
| 1. Full Name of Decedent: | First | Middle | LAST |
| 2. Date of Death: | Month | Day | Year |
| 3. Place of Death: | City/Village/Town | Region (if applicable) | Country (name of country at time of birth) |
| 4. Surviving Spouse's Full Current Name: | First | Middle | Current Last |
| 5a. Surviving Spouse's Birth Name (Maiden Name) if Applicable | Birth Last Name | | 5b. Date of Birth: (Month/Day/Year) |
| 6. Filing Jurisdiction: | City | Region (if applicable) | Country (name of country at time of birth) |
| 7. Name of Translator (Print): | Full Name | | 8. Daytime Phone: (include area code) |
| 9. Translator Type (Check one): | <input type="checkbox"/> Professional translator <input type="checkbox"/> Community Assistance Center Staff/Volunteer <input type="checkbox"/> Teacher <input type="checkbox"/> Government employee <input type="checkbox"/> Other (specify): | | |
| <p>TRANSLATOR CERTIFICATION STATEMENTS: I affirm that I have the language skills required to accurately translate information into English from the language used to complete the original death certificate.</p> <p>I affirm that I am neither related to, nor do I have any financial or personal connection to, the person who is the subject of the death certificate referenced in this translation (other than a standard professional translation fee that I may charge for providing translation services).</p> <p>I further affirm, to the best of my knowledge and belief, that the attached death certificate presented to me for translation contains the above stated facts, translated into English</p> | | | |
| _____ Translator's Signature | | _____ Date Signed | |

CERTIFICATE OF NOTARY PUBLIC

PLACE FOR NOTARY SEAL

(MANDATORY)

Subscribed and sworn before me this _____ day of _____, _____
Month Year



SIGNATURE _____

Notary of _____ county, state of _____

My Commission expires _____
(Month/Day/Year)

Printed Name of Notary _____