[Seal] INE [Seal] [Seal]

National Institute of Honduran Republic National People Registry

Honduran Statistics

**Death Certificate**

This document must be completed by the doctor who confirmed the death. The certificate will be issued to interested parties for their inscription into the Municipal Civil Registry. It consists of two parts, which will be broken down by the Civil Registry once the form has been completed in full. The Death Certificate will be filed in the office of the Municipal Civil Registry and the National Institute of Statistics of the Deceased. The report will be sent to the relevant Civil Office for transmission into the INE. The gray boxes are for the exclusive use of the INE.

Draw a circle on the corresponding answer to answer [question] or write on the specified place using clear writing

1. Doctor Information who Certified Death
	1. First & Last Name of Doctor Who Completed Form: xxxxxxx
	2. Doctor’s Professional Association Number: xxxx
2. Deceased Information
	1. First & Last Name of Deceased: xxxxxxxx
	2. Identify Document: Identity Card:\_ Passport:\_\_ Other:\_\_ Number: xxxxxxx
	3. Sex: Male \_\_\_X\_\_\_\_ Female \_\_\_\_\_\_\_\_
	4. Age of Deceased: Under One Day\_\_\_Hours Under One Month\_\_\_Days

Under one Year\_\_Months One Year or More:\_55\_\_ Years

Unknown\_\_\_9

 2.5 Day and Hour of Death: xxxxxx xxxx am pm

 2.7: Place Where Death Took Place: Health Establishment Home Other

* 1. Place Where Death Took Place: Department: Cortes Municipality: San Pedro Sula

 City or Village: Neighborhood: Playeon

 2.8 Basic Cause of Death: Cardiac Contusion

1. Date, Signature, and Seal of Who Certified Death: February 8, 2011

[Signature & Seal]

 Signature & Seal

This Certificate Must Be Filed in the Municipal Civil Registry

**Statistical Information of Deceased**

1. Details of Deceased
	1. First and Last Name of Deceased: xxxxxxxxxxxxxxxxxxxxx

 First Second First Last Second Last

* 1. Identify Document: Identity Card:\_ Passport:\_\_ Other:\_\_ Number: 0501-1957-00876
	2. Permanent or Habitual Address: Department:Cortes Municipality: San Pedro Sula

City/Village: Colonia Honduras Neighborhood\_\_

* 1. Sex: Male \_\_\_\_X\_\_\_ Female \_\_\_\_\_\_\_\_
	2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Age of Deceased: Under One Day\_\_\_Hours Under One Month\_\_\_Days

Under one Year\_\_Months One Year or More:\_55\_\_ Years

Unknown\_\_\_9

* 1. Nationality: Honduran\_\_1 Foreighner\_\_2
	2. Belong to Population Group (Ethnicity): Garifuna\_1; Black English\_2; Tolupan\_3; Pech(Paya)\_4; Miskito\_5; Lenca\_6; Tawahka\_7; Chorti\_8; Other\_9: None\_10; Unknown\_11
	3. Did they know how to read and write? Yes\_1 No\_2
	4. Obtained Education: Incomplete Complete

None\_1

Primary\_2 \_1 \_2

Secondary\_3 \_1 \_2

Superior\_4 \_1 \_2

* 1. Profession, office occupation (for example nurse, lawyer, housewife):\_\_\_\_\_\_\_\_\_

**Cause of Death (Write One Sole Cause in Each Line)**

1. Part I

Pathological state which directly caused death.

Past Causes: State of Decomposed, if any exist that could produce the cause recorded above, mention last the basic cause [of death]

1. Cardiac Contusion
2. [Illegible] Closed Trauma
3. Traffic Accident
4. \_\_\_\_\_\_\_\_\_\_\_\_

Part II

Other significant conditions which contributed to the death but not related to the produced disease state

A 3256-4

CR-267-11

Certificate of Translation:

I, xxxxxxx, certify that I am fluent in the Spanish and English language and that I am competent to translate the foregoing document, and that the translation is correct and complete to the best of my abilities.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Date |

Name:

Address:

Phone: