TRANSLATION OF DEATH CERTIFICATE OF:

1. Full Name	First	Middle	Middle		LAST	
of Decedent:						
		L				
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	First	Middle		Current Last		
Spouse's Full	10					
Current Name:					T	
5a. Surviving	Birth Last Name 5b. D		5b. Date o	e of Birth: (Month/Day/Year)		
Spouse's Birth						
Name (Maiden Name) if						
Applicable		1 = 1 (10			() () () () ()	
6. Filing	City	Region (if a	pplicable)	Country (na	me of country at time of birth)	
Jurisdiction:						
7. Name of	Full Name		8 Dovition	me Phone		
Translator (Print):	- an raine			area code)	•	
9. Translator Type	☐ Professional translator ☐ Community Assistance Center Staff/Volunteer ☐ Teacher					
(Check one):	- Professional translator - Community Assistance Center Statt/ Volunteer - D Teacher					
(0.0000,000)	☐ Government employee ☐ Other (specify):					
TO LIVEY LEAD CONDUCTOR OF THE STATE OF THE						
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.						
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).						
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						
all and a second						
Translator's Signature			Date Signed	d		
CERTIFICATE OF NOTARY PUBLIC						
PLACE FOR NOTARY SEAL (MANDATORY) Subscribed and sworn before me thisday of,						
(MANDATORY) Su	ibscribed and sworn before in	e triis	ua	y 01	Month Year	
SIGNATURE /						
\$ \{						
Notary ofcounty, state of						
Notary o	01		county, s	tate of		
My Commission expires	(Month/Dav/Year)					
Printed Name of Notary _						