Republic of Colombia
DEATH CERTIFICATE
ANTECEDENTS TO CIVIL REGISTRATION

Death Certificate number

GENERAL INFORMATION

Place of death
State: Municipality:

AREA WHERE DEATH OCURRED	TYPE OF DEATH	DATE OF DEATH	TIME OF DEATH
Main municipality	Fetal	Year	Hour – Minutes
Populated area	Non-fetal	Month	
Rural area		Day	Unknown

DESCEASED SEX	LAST NAME (S) AND NAME (S) (THE WAY IT APPEARS ON IDENTIFICATION CARD)		
Masculine	First last name		Maidden name
Feminine	First name		Second name
Undetermined			

DESCEASED TYPE OF IDENTIFICATION DOCUMENT			ID DOCUMENT NUMBER	PROBABLY CAUSE OF
Civil register	ID Card	Citizenship ID	(EXACTLY AS IT APPEARS ON	DEAD
Foreigner ID	Passport	No info	ID DOCUMENT)	Natural
				Violent
				In studio

DATA OF WHOM CERTIFIES THE DEATH

LAST NAME (S) AND NAME (S) EXACTLY AS THEY APPEAR ON THE ID DOCUMENT			
First last name	Second last name	First name	Second name

TYPE OF ID DOCUMENT	ID DOCUMENT NUMER (EXACTLY AS IT APPEARS ON ID)	PROFESSION OF WHOM IS CERTIFYING THE DEATH	PERSONAL REGISTRY
		Doctor	
		Nurse	
		Auxiliary nurse	
		Health promoter	

SITE AND DATE OF CERTIFICATE EXPEDITION	SIGNATURE OF WHOM IS CERTIFYING THE DEATH
State	
Municipality	