[all handwriting is presented in italics]

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| Please transfer this notice in a sealed envelope | **State of Israel – Ministry of Interior****Death Notice** |  |

Pursuant to Section 7 of the Population Registry Law, 5725 – 1965, I hereby give notice of the details of the deceased

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal details of the deceased** | Surname: | Given Name: | Father’s Given Name: | ⮽ ID □ Passport | Sex:M □F ⮽ |
| Marital status□ S ⮽ M □ D □ W | Religion: | Date of Birth Month Day Year | Place of Birth: |
|  | Hebrew Date of Death*November 30, 2019* | Time*8:30 a.m.* | Gregorian Date of death MidnightNovember 30, 2019 | Place of Death*Beth Hadar Ashdod* |
| If the deceased was marriedSpouse’s Name: | Spouse’s Identity: | Address:City Street/Neighborhood House No |
| **Details of the informer supervisor of the institution, physician who determined the death or someone who was present**  | Surname:*Elkatsatsi* | Given Name*Talel* | Address:*Beth Hadar3 Ort St Ashdod* | Date of the Notice*November 30, 2019* |
| Signature of the informer: [signature][stamp] Dr. Talel Elkatsatsi L.N. 14712 |
| **Medical Authorization and details of the authorizing physician** | To the best of my knowledge, death occurredat hour min month day year*8:30 a.m. November 30, 2019* | I saw the corpse on:*November 30, 2019* | Physician’s Name TALELELKATSATSI | Work Place*Beth Hadar* |
|  | Function*Physician* | Address:*Beth Hadar Ashdod* | Date: *November 30, 2019* | Signature:[stamp] Dr. Talel Elkatsatsi L.N. 14712 |
| **Diagnosis of the cause of death determined by the physician** |
| **Reason for Death to be completed by the physician who saw the corpse** | Immediate cause, injury or disease that caused the death directly, id the reason is unknown  | 1a *INFRACTION* |
|  | Disease or conditions that led to the immediate cause of death. Specify the chain of events that caused the death  | 1b |
| 1c |
|  | Diseases or other conditions that contributed to the death, but are not directly linked to diagnoses 1a - c | 2  |
|  |
| Circumstances of the Death | □ Suspicion of murder □ Work accident □ Other accident□ Suspicion of suicide □ Road accident | Was the deceased pregnant close to death?□ Yes □ No Did she abort? □ Yes □ NoDid she give birth? □ Yes □ No |
| Description of external injuries |
| Post Mortem | Date: | | | | | | Name of Facility: | Temporary diagnosis 1:[signature] |
| Temporary Diagnosis 2: | Final Diagnosis: | Pathologist’s Signature: |
| **Health Office** | Date of Notice:| | | | | | Issue of burial license No:| | | | | | | Name of burial company | Burial Site: |
| Place of BirthCity Country | Immigration Date: | Identity Document No: \_\_\_\_\_\_\_\_\_ attached | Office physician’s signature: |
| Regional office of the Population Administration at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The notice was received and registered on\_ \_/\_ \_/\_ \_ \_ \_ | Clerk's Signature  |

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