

TRANSLATION OF DEATH CERTIFICATE OF:

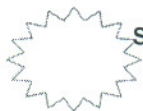
1. Full Name of Decedent:	First	Middle	LAST
2. Date of Death:	Month	Day	Year
3. Place of Death:	City/Village/Town	Region (if applicable)	Country (name of country at time of birth)
4. Surviving Spouse's Full Current Name:	First	Middle	Current Last
5a. Surviving Spouse's Birth Name (Maiden Name) if Applicable	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 _____, _____ Year



SIGNATURE _____

Notary of _____ county, state of _____

My Commission expires _____
(Month/Day/Year)

Printed Name of Notary _____