Series of \_\_\_\_\_\_ Service No. \_\_\_\_\_

OR No. \_\_\_\_

## **AFFIDAVIT OF DELAYED REGISTRATION OF DEATH**

| I,(name of infor   | , of legal age,   |
|--|---|
| (name of infor single/married/divorced/widow/widower, with res |   |
| (addre   | sc)   |
| ·  | rdance with law, do hereby depose and say:                            |
| 1. That(name of deceased)                                      | died on in  |
|  | and was buried/cremated in  |
|  | on  |
| 2. That the deceased at the time of his/he                     | er death:   |
| ☐ was attended by  | ·   |
| ☐ was not attended.  |   |
| 3. That the cause of death of the decease                      | ed was  |
|  | ring this death was due to  |
| statements for all legal intents and purposes.                 | o attest to the truthfulness of the foregoing ature below this day of |
|  | (Signature Over Printed Name of Affiant)                              |
| SUBSCRIBED AND SWORN to before me tin Osaka, Japan.            | this, day of,   |
|  | Administering Officer   |
| D 11   | Administering Officer   |
| Doc. No<br>Page No<br>Book No.                                 |   |