|  |  |
| --- | --- |
| State of Israel | Ministry of the Interior |
|  |
| **Death Certificate** |
|  |
| First Name: Mother's first name:  | Surname: Father's first name:   |
| I.D. No.: Religion: בחר פריט. | Gender: בחר פריט.Nationality: בחר פריט.Marital Status: בחר פריט. |
| Gregorian Date of Birth:  | Jewish Date of Birth:  |
| Gregorian Date of Death: | Jewish Date of Death:  |
| The Burial Place: Cause of Death:  |  |
|   |
|  |
| I hereby confirm that the demise was registered in the Book of Deceased . This certification was issued according to section 30 of the Population Registry Law 1965, at the Population and Immigration Authority Bureau at \_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Head of Branch |
|  |
| To:  |