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| State of Israel | Ministry of the Interior |
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| **Death Certificate** | |
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| 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: |  |
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| 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: | |