Форма № 16

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Запись акта о смерти | | | | | | | |
| № |  | | |
| от “ | |  | ” | |  |  |  | | г. |

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| В отдел ЗАГСа | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | |
| от | |  | | | | | | | | | | | |
|  | | *фамилия, имя, отчество* | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| проживающего(ей) по адресу | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| документ, удостоверяющий личность | | | | | | | | | | | | |  |
| серия | | | |  | | | | № | |  | | | |
| выдан | | | | |  | | | | | | | | |
| “ |  | | ” | | |  | | |  |  | г. | | |

ЗАЯВЛЕНИЕ О СМЕРТИ

Заявляю о смерти ,

*фамилия, имя, отчество*

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| умершего “ |  | ” |  |  |  | г. |

Сообщаю об умершем следующие сведения.

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| 1. | Фамилия, имя, отчество |  | | | | | | | | | | | | | | | | |
| 2. | Дата рождения | “ | | | | |  | ” |  | | | | | |  |  | г. | |
|  |  |  | | | | | | | | | | | | | | | | |
| 3. | Место рождения |  | | | | | | | | | | | | | | | | |
| 4. | Гражданство |  | | | | | | | | | | | | | | | | |
| 5. | Национальность  *(графа заполняется, если сведения о национальности указаны в документе, удостоверяющем личность умершего)* |  | | | | | | | | | | | | | | | | |
| 6. | Документ, удостоверяющий личность |  |  | | | | | | | | | | | | | | |  |
|  |  | *наименование документа* | | | | | | | | | | | | | | | | |
|  |  | серия | | |  | | | | | № |  | | | | | | |  |
|  |  |  |  | | | | | | | | | | | | | | |  |
|  |  |  | *наименование органа, выдавшего документ* | | | | | | | | | | | | | | |  |
|  |  | “ | |  | ” |  | | | | | |  |  | г. | | | | |
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Прошу произвести государственную регистрацию смерти.

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| “ |  | ” |  |  |  | г. |  |
|  |  |  |  |  |  |  | *подпись* |