



General Directorate VII Overseas Social Security - Section periodic benefits

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A6 – MEDICAL DEATH CERTIFICATE

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. Day, date and time of accident	
4. Description of lesions	
5. The victim died due to these lesions on :	
<p>I confirm on my honour that the present declaration is honest and complete.</p> <p>✍ Done at, on</p> <p>(Doctor's signature and stamp)</p>	

Your data is processed in accordance with the Belgian Privacy Act of 8 December 1992. You can consult and correct your data at any time. These will be only be used to treat your demand.