

OVERSEAS CONTACT

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ADDRESS

Victor Hortaplein 11
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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	___/___/_____

I confirm on my honour that the present declaration is honest and complete.

Done at on ___/___/_____

Signature