

TAIWAN R.O.C. STANDARD CERTIFICATE OF DEATH

Registration No.(dept. use only)

TO BE FILLED OUT BY ISSUER

1. DECEDENT'S NAME <i>(First, Middle, Last)</i>	2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	3.	ROC Citizen Foreign National	<input type="checkbox"/> ID No. <input type="checkbox"/> Passport No. <input type="checkbox"/> Uniform ID No.	
4. REGISTERED PERMANENT RESIDENCE <i>(Street and number, city, town, country)</i>					
5a. DATE OF BIRTH <i>(Month, Day, Year)</i>			5b. TIME OF BIRTH <i>(For death within one day after birth)</i> <div style="display: flex; justify-content: space-around;"> Hour Minutes </div> <div style="display: flex; justify-content: space-around;"> _____ _____ </div>		
6a. DATE OF DEATH <i>(Month, Day, Year)</i>			6b. TIME OF DEATH <div style="display: flex; justify-content: space-around;"> Hour Minutes </div> <div style="display: flex; justify-content: space-around;"> _____ _____ </div>		
7a. LOCATION OF DEATH <i>(Street and number, city, town, country)</i>			7b. PLACE OF DEATH <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Own Residence <input type="checkbox"/> Others		
8. MANNER OF DEATH <input type="checkbox"/> Natural Death <i>(Natural deaths are due solely or nearly totally to disease and/or the aging process)</i> <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined					
9a. KIND OF BUSINESS/INDUSTRY			9b. DECEDENT'S USUAL OCCUPATION		
10. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
11. CAUSE OF DEATH <i>(Enter the diseases, injuries, or complications that caused the death. Do not enter the mode dying, such as heart failure or respiratory arrest.)</i>					Approximate interval: Onset to death
PART I. IMMEDIATE CAUSE <i>(Final disease or condition resulting in death)</i>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> UNDERLYING CAUSE <i>(Disease or injury that initiated events resulting in death)</i> LAST </div> <div style="width: 70%;"> <div style="display: flex; align-items: flex-start;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> a. _____ Due to (or as a consequence of): </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> b. _____ Due to (or as a consequence of): </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> c. _____ Due to (or as a consequence of): </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> d. _____ Due to (or as a consequence of): </div> </div> </div> </div>					
PART II. <i>Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.</i> _____					
THIS IS TO CERTIFY THAT THE ABOVE STATEMENT IS TRUE. Name and License Number of Certifying Physician: Name and Practice License Number of Hospital (Clinic): Medical Care Institution Code: Address of Hospital (Clinic): Date Signed (Month, Day, Year) :				<input type="checkbox"/> Internet transmission (Pursuant to Article 14 of the Household Registration Law and Article 4 of the Regulations for Death Information Notification)	

INSTRUCTIONS

1. This certificate shall be filled out after death by physician of hospital (clinic) or administrative official attending autopsy.

2. Each item shall be filled out and information in all items shall be in agreement.

3. Instruction for selected items:

Item 5b. — TIME OF BIRTH :

Enter the exact time that death occurred if under 1 day.

Item 9a. — KIND OF BUSINESS/INDUSTRY :

Enter the kind of business or industry to which the occupation listed in item 9b was related, such as fishing, financing, public agency and national defense, or retail trade.

Item 9b. — DECEDENT'S USUAL OCCUPATION :

Enter the recent occupation of the decedent, such as director and chief executive, computer programmer, teacher, ocean fishery worker, plasterer, or cook.

Item 10. — IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR? :

This information is important in determining pregnancy-related mortality.

Item 11 — CAUSE OF DEATH :

In Part I, the immediate cause of death is reported on line (a). Antecedent conditions, if any, that gave rise to the cause are reported on lines (b) and (c). Not entering is necessary on lines (b) and (c) if the immediate cause of death on line (a) describes completely the sequence of events. Only one cause should be entered on a line. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the space for the interval blank; if unknown, so specify.

In Part II, enter other important diseases or conditions that contributed to death but did not result in the underlying cause of death given in Part I.