



MTN LIFE CARE

LC1 LETTER REPORTING DEATH

From:

_____ (LC1 Chairman Name)

_____ (Village Name)

_____ (Sub County, District)

_____ (Telephone Contact)

REPORT ON DEATH OF _____ (Name of Deceased)

This is to report death of the above named person who was a resident of my Village. The circumstances and details of death are as follows:

Date of Death: _____

Cause of death: _____

Place of death: _____

Age at death: _____

Name of person requesting letter: _____

Any assistance to the bearer of this notice will be highly appreciated.

Yours faithfully

Signature and Stamp : _____ (LC 1 signature)

Date: _____

Certified by:

Name of Religious Leader: _____

Institution: _____ (Church or Mosque)

Signature and Stamp: _____

Date: _____