

Medical Certificate of Death

Republic of Tunisia  
Ministry of Health

D2022 000005002

Part-1, for Civil Status purposes, to be completed clearly by the physician

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

National Identity Card Number: \_\_\_\_\_  
or other identity document)

Address of principal residence: \_\_\_\_\_ (See 1 on the back of the certificate) at the hour of \_\_\_\_\_ occurred on the day of \_\_\_\_\_

Local authority: \_\_\_\_\_ (See 2 on the back of the certificate)  Yes  No Forensic medical impediment to burial: 1

Governorate: \_\_\_\_\_ Delegation: \_\_\_\_\_ Hypothesis of placing the deceased in a sealed coffin:  Yes  No

at the hour (1) \_\_\_\_\_ day of \_\_\_\_\_ Signed by \_\_\_\_\_

Signature (with surname clearly stated and physician's stamp (mandatory))

Occupation: \_\_\_\_\_

Married  Single  Marital status: 1  
Divorced  3 Widower  4

Other nationality  : 1 Tunisian  2 Nationality \_\_\_\_\_

Local community where death occurred: \_\_\_\_\_ 2 No  Yes  Was he/she the attending physician: 1

Local community: \_\_\_\_\_ This certificate was issued at the request of the deceased's family according to the declaration of \_\_\_\_\_

Governorate: \_\_\_\_\_ Delegation: \_\_\_\_\_ Holder of National Identity Card No. \_\_\_\_\_ Mr./Ms. \_\_\_\_\_

(1) Hour of death examination

Medical Certificate of Death

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Form for the use of the Ministry of Health

Death Serial Number: \_\_\_\_\_

I, the undersigned, Doctor of Medicine, certify that the death \_\_\_\_\_

See back of certificate \_\_\_\_\_ at the hour of \_\_\_\_\_ occurred on the day of \_\_\_\_\_

Local community \_\_\_\_\_ (See 2 on back of certificate)  Yes  No Forensic medical impediment to burial: 1

Governorate: \_\_\_\_\_ Delegation: \_\_\_\_\_ Hypothesis of placing the body in a closed coffin: 1  Yes  No

at the hour (1) \_\_\_\_\_ day of \_\_\_\_\_ War \_\_\_\_\_

Present in: \_\_\_\_\_ Signature (with title clearly stated and doctor's stamp (mandatory))

Gender: 1 Male  2 Female

Occupation: \_\_\_\_\_

12 Married (1)  Single  Marital status: 1  
Divorced (1)  3 Widowed (3)  4

2 Other Nationalities  Tunisian  Nationality: \_\_\_\_\_ Doctor's place of practice: \_\_\_\_\_

Local Community Where Death Occurred: \_\_\_\_\_ Yes  2 No  Was he/she the attending physician: 1

Local Community: \_\_\_\_\_ This certificate is issued at the request of the deceased's family according to the declaration of \_\_\_\_\_

State: \_\_\_\_\_ Delegation: \_\_\_\_\_ Holder of National Identity Card No. \_\_\_\_\_ Mr./Ms. \_\_\_\_\_

(1) Hour of Death Observation

D2022 000005002

Part dedicated to the interests of the Ministry of Health  
Confidential and unlabeled information to be completed clearly and then folded by the physician

Causes of death (see some examples on the back of the certificate)

Time interval between the onset of the illness and the death (hour, day, month, or year)

.....  
.....  
.....  
.....

Section 1: Diseases that directly caused death (1):

The last line to be completed must match the primary cause

.....  
.....  
.....  
.....

Caused by or resulting from  
Caused by or resulting from  
Caused by or resulting from

(1) This concerns the illnesses, complications, or accidents that led to the death, not the manner of death (e.g., fainting, cardiac arrest).

Section 2: Medical conditions. Physiological conditions and factors (e.g., pregnancy) that contributed to the death and cannot be mentioned in the section

First

.....  
.....

Additional information

Yes 2 No. 1

Did the death occur during pregnancy? Indicate even if it is proven that it was unrelated to the death, or after one year at the latest: 1

..... days. .... months

In that case, state the time interval between the end of the pregnancy and the death:

2 Yes Was it a work accident: 1 No

In case of an incident, specify precisely where it occurred: (public road, home).

Unclear 3

Yes, but the autopsy result is not available Autopsy: 1 No, 2 Yes, and the autopsy result is available. 3 Did it occur or will it occur

Hospital (mention it). 1

Home, 12 Shelter, 3 Public Road, 4 Place of death:

..... Other place (mention it). 6 5 Private healthcare facility (mention it) .....