

## Death notification from the employer

### 1. Deceased person

Company

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Surname

First name

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Street, no.

---

Postcode/City/Country

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Date of birth

SI number 756.

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Civil status

single

married

divorced

registered partnership

dissolved partnership

widowed

### 2. Details of death

Death due to

illness

accident

unclear cause

occupational illness

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Date of death

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Was the deceased person's capacity for work restricted for over three months leading up to their death?

yes

no

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Continued salary payments after death

yes

no

➔ If yes, until when?

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### 3. Contact

Contact (surname, first name)

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Nature of relationship to the deceased person

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Street, no.

---

Postcode/City/Country

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Tel. no.

E-Mail

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Surname

First name

SI number 756.

#### 4. Comments

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**Please include a copy of the death certificate (“Form 2.2.2. Civil Status”) and copies of other documents, if applicable.**

**You can obtain the “2.2.2 Civil Status” form from the civil register office at the place of death.**

Place, date

Employer’s stamp and signature