

Death notification from the employer

1. Deceased person

Company

Surname		First name	
Street, no.			
Postcode/City/Country			
Date of birth		SI number 756.	
Civil status	single	married	divorced
	registered partnership	dissolved partnership	widowed

2. Details of death

Death due to	illness	accident	unclear cause	occupational illness
Date of death				
Was the deceased person's capacity for work restricted for over three months leading up to their death?			yes	no
Continued salary payments after death ➔ If yes, until when?			yes	no

3. Contact

Contact (surname, first name)	
Nature of relationship to the deceased person	
Street, no.	
Postcode/City/Country	
Tel. no.	E-Mail

Surname	First name
SI number	756.

4. Comments

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
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