

Death notification from the employer

1. Deceased person

Company

Surname	First name
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Street, no.

Postcode/City/Country

Date of birth	AHV/AVS number
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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

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

yes no

➔ If yes, until when?

3. Contact

Contact (surname, first name)

Nature of relationship to the deceased person

Street, no.

Postcode/City/Country

Tel. no.	E-Mail
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Surname

First name

AHV/AVS number

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