

Death notification from the employer

1. Deceased person

Company

Surname

First name

Street, no.

Postcode/City/Country

Date of birth

AHV/AVS number

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

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

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