

Death Registration Form

Under the Act of Births and Deaths, the family or a friend of a deceased citizen may submit a death registration form to the Central Government of Hokoria. Death registration forms notify the Department of the Interior and the Office of National Records that changes must be made to reflect.

Important information to be aware of:

- The Central Government of Hokoria cannot release any private information relating to the individual, except to a family member where legal documents prove such relation.
- The Central Government of Hokoria's recognition of the individual being deceased does not substitute informing the government of the nation in which they reside within.
- The information of the deceased individual is publicly recorded.
- This publicly recorded information is not released, but may be requested by anyone.
- The cause of death of the individual can only be released by the Central Government of Hokoria if a judge rules in favour of this happening.
- The Central Government of Hokoria cannot conduct investigations into deaths.
- The Central Government of Hokoria cannot conduct or fund funeral services.
- Officials from the Central Government of Hokoria may not be able to attend funeral services.

Upon the completion of this paper application, please submit it to the Department of the Interior or the Head of State. Email to hokoriagov@gmail.com.

How this works

1. Once submitted to the Department of the Interior, this form will be processed by an official.
2. The Office of National Records will update the individual's records.
3. The Department of the Interior will update public records to reflect the individual's death.
4. You will be contacted once this process has been completed.

Can't complete this form? Visit govhok.wordpress.com/help-with-forms for assistance.

We are sorry for your loss and thank you for taking the time to complete this form.

The individual's details

First Name (required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name (required)

Date of Birth (required)

		/			/								
--	--	---	--	--	---	--	--	--	--	--	--	--	--

Citizen ID (required)

C	I	T	/				/						
---	---	---	---	--	--	--	---	--	--	--	--	--	--

Cause of death (required)

<input checked="" type="checkbox"/>	Ischaemic heart disease
<input checked="" type="checkbox"/>	Stroke
<input checked="" type="checkbox"/>	Chronic obstructive pulmonary disease
<input checked="" type="checkbox"/>	Refuse to answer
<input checked="" type="checkbox"/>	Other (please specify below)

Place of death (required)

Explaining this section

First Name- their first name/forename

Last Name- their last name/surname

Date of Birth- the day, month and year they were legally born in, in DD/MM/YYYY format

Citizen ID- their unique citizen ID, found on their certificate of citizen status

Cause of death- the cause of the individual's death

Place of death- the hospital (and/or) city where the individual died.

Your details

First Name (required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name (required)

Date of Birth (required)

		/			/									
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--

Relation to the individual (required)

<input checked="" type="checkbox"/>	Family
<input checked="" type="checkbox"/>	Friend
<input checked="" type="checkbox"/>	Other (please specify below)

Email address (required)

Explaining this section

First Name- your first name/forename

Last Name- your last name/surname

Date of Birth- the day, month and year you were legally born in, in DD/MM/YYYY format

Relation to the individual- how you are related to the deceased individual

Email address- your email address that you can be contacted with

This part only wants the your details.