

## **OVERSEAS CONTACT**

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## **ADDRESS**

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## **A6 - MEDICAL DEATH CERTIFICATE**

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. Day, date and time of accident	//
4. Description of lesions	
5. The victim died due to these lesions on	//
I confirm on my honour that the present declaration is honest and complete.	
Done at on/	
Signature	

Your data is processed in accordance with the Belgian Privacy Act of 8 December 1992. You can consult and correct your data at any time. These will be only be used to treat