

REGISTER of BURIAL of the Parish _____ Year: _____

No	DATE OF BURIAL (Y-M-D)	DECEASED	Date of birth (Y-M-D)	Residence (Municipality)
Father or other civil filiation		Mother or other civil filiation	Date	DEATH Place
Body <input type="checkbox"/>	Name of cemetery or columbarium		Lot or niche number	
Ashes <input type="checkbox"/>				

No	DATE OF BURIAL (Y-M-D)	DECEASED	Date of birth (Y-M-D)	Residence (Municipality)
Father or other civil filiation		Mother or other civil filiation	Date	DEATH Place
Body <input type="checkbox"/>	Name of cemetery or columbarium		Lot or niche number	
Ashes <input type="checkbox"/>				

No	DATE OF BURIAL (Y-M-D)	DECEASED	Date of birth (Y-M-D)	Residence (Municipality)
Father or other civil filiation		Mother or other civil filiation	Date	DEATH Place
Body <input type="checkbox"/>	Name of cemetery or columbarium		Lot or niche number	
Ashes <input type="checkbox"/>				

SEAL

CERTIFIED TRUE TO THE ORIGINAL _____

Depositary of the Registers - Code of Canon Law, Canon 535 § 3