STATEMENT BY POLICE - DEATH

Please send your completed form to:

E-mail : info@sentinel.za.com
Hand in : at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

HOW TO COMPLETE THIS FORM

This form should be completed by the investigating officer.

DETAILS OF DECEASED

Identity / Passport Number of Deceased		Industry / Participant Number of Deceased	

Surname	
Full Names (First Two Names in Full)	
1.	2.
Date Of Birth	Y Y Y Y M M D D
Date Of Death	Y Y Y Y M M D D
Place of Death	

Was the deceased involved in a motor vehicle accident?	Y	N
Did the deceased commit suicide?	Y	N
Was the deceased murdered?	Y	N
If yes, has a family member been implicated in the murder?	Y	N

If yes, surname and names of the family member that was implicated.

Surname	
Full Names (First Two Names in Full)	
1.	2.

Signed at		on	Date	Y Y Y Y M M D D
Name of Investigating Officer				
Rank of Investigating Officer				
Office No.	Code	Y Y Y Y M M D D		
Cellphone No.				

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | **Toll-Free** 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6