**CERTIFIED TRANSLATION**

**DOCUMENT TYPE: DEATH CERTIFICATE**

 **\*\*\*\*\*BEGINNING OF DOCUMENT\*\*\*\*\***

UNITED MEXICAN STATES

[EMBLEM]

STATE OF QUERETARO

[EMBLEM]

CIVIL REGISTRY

DEATH CERTIFICATE

**INFORMATION OF THE DECEASED**

 SEX: MALE X FEMALE I

NAME: XXXXX XXXXX XXXXXX XXXXXX

 First Name(s) Last Name(s)

CIVIL STATUS: \_\_\_\_\_\_SINGLE \_\_\_\_\_\_ NATIONALITY: \_\_\_\_\_\_MEXICAN\_ AGE: \_\_\_\_\_XX YEARS\_\_\_

HABITUAL RESIDENCE: \_\_\_\_\_\_XXXXXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_

Name of Street, Interior or Exterior No., Colonia

\_\_\_\_\_XXXXX \_\_\_\_\_\_\_\_\_\_\_ XXXXXXX XXXXXXXX MEXICO\_\_\_\_\_\_\_\_

Locality Municipality Federal Entity Country

NAME OF PARTNER: ----- ---- ---- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FATHER: ----- ---- ---- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MOTHER: ----- ---- ---- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEATH**

DATE OF DEATH: \_\_\_\_\_NOVEMBER X, XXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOUR: \_\_\_05:00 HOURS\_\_\_\_\_\_\_\_\_\_\_

WHERE DECEASED: \_XXXXXXXXXX

PLACE: \_XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, MEXICO CERTIFICATE NO. 17062XXXX\_\_

DESTINATION OF CADAVER: \_BURIAL (TRANSFER)\_ CEMETERY OR CREMATORIUM: \_MUNICIPAL CEMETERY\_

LOCATION: \_\_XXXXXXXXXXXXXXXXXXXXXX, MEXICO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAUSE OF DEATH:

PART 1: A) WOUND PRODUCED BY PROJECTILE SHOT BY A FIREARM PENETRATING THE THORAX, IGNORED

NAME OF DOCTOR THAT CERTIFIED THE DEATH: \_\_\_XXXX XXXX XXXX XXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL LICENSE NO. \_973XXXX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX \_

**DECLARANT**

NAME: XXXXX XXXXX XXXXX \_\_\_\_\_\_\_\_\_\_ AGE: XX YEARS\_

NATIONALITY: \_\_\_MEXICAN KINSHIP: \_\_\_\_NONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_XXXXXXXXXXXXXXXXXXX

**WITNESSES**

NAME: XXXXXXXX \_ NATIONALITY: \_\_\_XXXXXXX AGE: XX YEARS\_

ADDRESS: \_\_XXXXXXXXXXXXXXXXXXXXXXXXX

KINSHIP: \_\_\_\_NONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: XXXX XXXX XXXX \_ NATIONALITY: \_\_\_MEXICAN AGE: XX YEARS\_

ADDRESS: \_\_XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

KINSHIP: \_\_\_\_NONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_\_ [SIGNATURE]­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ [SIGNATURE]­\_\_\_\_\_\_\_ \_\_\_\_ [SIGNATURE]­\_\_\_\_\_\_

 WITNESS DECLARANT WITNESS

ANNOTATIONS:

FOLDER/CI/QRO/35789/2017 PUBLIC PROSECUTOR QUERETARO. PERMISSION SESEQ FOLDER 1583. COM. PAYMENT Z. 2246233 SAND 2246232. NAF. CERT. OF DEATH OF THE DECEASED. IDENT. OF THE DECLARANT. IDENT. OF THE WITNESSES.

the present act was read and those who agree with its content ratify it and sign it, those who intervened in it and know how to do it and those who do not, print their fingerprint, I give faith.

[EMBLEM]

Official O No. 1 of the Civil Registry

[SIGNATURE]

\_\_\_\_\_\_\_\_\_\_LIC. MA GXXXXXXXXXXXXX

NAME AND SIGNATURE

[BAR CODE]

222014000120170XXXXX

**\*\*\*\*\*END OF DOCUMENT\*\*\*\*\***

**CERTIFIED TRANSLATION**

**DOCUMENT TYPE: DEATH CERTIFICATE**

**Certificate of Translation**

I, XXXXX, certify that I am fluent in English and Spanish and that the above document is a true and accurate summary translation of the attached Death Certificate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name:

Address:

Phone: