**Kode . F-2.09**

Pemerintah Desa/Kelurahan Kecamatan

: Ket : Lembar 1 : Untuk yang bersangkutan

: Lembar 2 : UPTD/Instansi Pelaksana

Kabupaten/Kota : Lembar 3 : Desa/Kelurahan Lembar 4 : Kecamatan

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Kode Wilayah :

Nama Kepala Keluarga :

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Nomor Kartu Keluarga :

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|  | 1. Dokter 2. Bidang/Perawat 3. Tenaga Kes. 4. Kepolisian |
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**SURAT KETERANGAN LAHIR MATI**

**(WARGA NEGARA INDONESIA)**

**No. : ……………………………**

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| 1. Desa/Kelurahan
2. Kecamatan
 |  | c. Kab/Kotad. Provinsi |  |
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| 1. Desa/Kelurahan
2. Kecamatan
 |  | c. Kab/Kotad. Provinsi |  |
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| **YANG LAHIR MATI**1. Lamanya dalam kandungan : Bulan
2. Jenis kelamin : 1. Laki-Laki 2. Perempuan
3. Tanggal lahir : Tgl Thn
4. Jenis kelahiran : 1. Tunggal 2. Kembar 2 3. Kembar 3 4. Kembar 4 5. Lainnya
5. Anak ini lahir yang ke : 1. Kesatu 2. Kedua 3. Ketiga 4. ………..
6. Tempat dilahirkan : 1. RS/RB 2. Puskesmas 3. Polindes 4. Rumah 5. Lainnya
7. Penolong kelahiran : 1. Dokter 2. Bidang/Perawat 3. Dukun 4. Lainnya 5. Lainnya
8. Sebab lahir mati :
9. Yang menentukan : 5. Lainnya
10. Tempat kelahiran :
 |
| **I B U**1. NIK :
2. Nama lengkap :
3. Tanggal Lahir / Umur :
4. Pekerjaan :
5. Alamat :
6. Kewarganegaraan :
7. Kebangsaan :
8. Tgl Pencatatan Perkawinan :
 |
| **A Y A H**1. NIK :
2. Nama lengkap :
3. Tanggal Lahir / Umur :
4. Pekerjaan :
5. Alamat :
6. Kewarganegaraan : 1. WNI 2. WNA
7. Kebangsaan :
 |
| **PELAPOR**1. NIK :
2. Nama lengkap :
3. Umur : Tahun
4. Jenis Kelamin : 1. Laki-laki 2. Perempuan
5. Pekerjaan :
6. Alamat :
	1. Desa/Kelurahan c. Kab/Kota
	2. Kecamatan d. Provinsi
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an. Kepala Dinas Kependudukan dan Pencatatan Sipil Kab/Kota Kepala Desa/Lurah

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