

D. Notification of Death*(see Article 120)*

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| (Title of responsible authority) | NOTIFICATION OF DEATH | |
| | Power on which the prisoner depended..... | |
| Name and first names | | |
| First name of father | ..... |  |
| Place and date of birth | ..... |  |
| Place and date of death | ..... |  |
| Rank and service number (as given on identity disc) | ..... |  |
| Address of next of kin | ..... |  |
| Where and when taken prisoner | ..... |  |
| Cause and circumstances of death | ..... |  |
| Place of burial | ..... |  |
| Is the grave marked and can it be found later by the relatives? | ..... |  |
| Are the personal effects of the deceased in the keeping of the Detaining Power or are they being forwarded together with this notification? | ..... |  |
| If forwarded, through what agency? | ..... |  |
| Can the person who cared for the deceased during sickness or at his last moments (doctor, nurse, minister of religion, fellow prisoner) give here or on an attached sheet a short account of the circumstances of the death and burial? | ..... |  |
| (Date, seal and signature .of responsible authority.) | Signature and address of two witnesses | |
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Remarks. — This form should be made out in two or three languages, particularly in the prisoner's own language and in that of the Detaining Power. Actual size of the form: 21 by 30 centimetres.

IV

E. Repatriation Certificate*(see Annex 11, Article 11)***REPATRIATION CERTIFICATE****Date:****Camp:****Hospital:****Surname:****First Names:****Date of birth:****Rank:****Army Number:****P.W. Number:****Injury-Disease:****Decision of the Commission:****Chairman of the
Mixed Medical Commission:****A = direct repatriation****B = accommodation in a neutral country****NC = re-examination by next Commission**