



EUROPA UITVAART ERRAHMA

مؤسسة الرحمة لنقل ودفن الموتى

POMPES FUNEBRES ERRAHMA

Medical Statement

I, the undersigner,	
Practising physician municipal coroner at	

Hereby declare that i have medically attended/examined the body of

Surname and family names	
Date of birth	
Place of birth	
Date of death	
Place of death	

The above said did not die of any contagious disease, but from

Autopsy (examination)has taken place at

Autopsy has not taken place

Date:

Signature,

Europa Uitvaart Errahma

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