Ministry of the Interior



State of Israel

Death Certificate

Surname: [redacted]

First Name: [redacted]

Father's first name: [redacted]

Mother's first name: [redacted]

Gender: **Male**

I.D. No.: [redacted]

Nationality: **Jewish**

Religion: **Jewish**

Marital Status: **Divorced**

Jewish Date of Birth: [redacted]

Gregorian Date of Birth: [redacted]

Jewish Date of Death: [redacted]

Gregorian Date of Death: [redacted]

The Burial Place: **Petah Tikva**

Cause of Death:

I hereby confirm that the demise was registered in the Book of Deceased.

This certification was issued according to section 30 of the Population Registry Law 1965,

at the Population and Immigration Authority Bureau at Petah Tikva

on. 8th of Sivan, 5779 **June 11th, 2019**

_____ _____

Office stamp Name and clerk stamp

To:

[redacted]

[redacted]

Tel Aviv – Yafo [redacted]