附件7

《居民死亡医学证明（推断）书》发放领用登记表

单位名称：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **领用单位****/领用科室（人）** | **领用时间** | **领用数量（份）** | **证书起止编号** | **领用人签名** | **发放人签名** | **备注** |
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说明：各级各类签发单位发放或领用时必须填写此表。