附件8

已签发《居民死亡医学证明（推断）书》去向登记表

**签发单位：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **死亡证编号** | **死者姓名** | **死亡时间** | **死亡原因** | **办证时间** | **签发人** | **领证人/****办理人** | **备注** |
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