SONDERSTANDESAMT BAD AROLSEN

Sonderstandesamt Bad Arolsen • Postfach 13 20 • 34443 Bad Arolsen

Mrs.
Karen Amato
364 Glencairn Avenue
M5N 1V1Toronto
Canada

34454 Bad Arolsen • Große Allee 26

Telefon (0 56 91) - 3507
Telefon (0 56 91) - 801 183
Telefax: (0 56 91) - 801 189

Sachbearbeiter: **Herr Moissl**

Ihr Zeichen / Ihre Nachricht vom	**Unser Zeichen**	**Bad Arolsen, den 21.01.2008**
	Abt. I/Moi T/D-Nr. 2.221.112	

Subject: Issue of a death certificate

here: Mrs. Sonja GRUBMANN née MILSTEIN *20.04.1915 / 1917 (?)

Dear Madam, Dear Sir,

the death of the deceased person has been registered at the Special Registry Office in Bad Arolsen.
As, however, the entry about the death is incomplete, it is unfortunately not yet possible at this time to issue a death certificate.

In order to complete the entry, we send you a questionnaire on the reserve. We have tried to make this questionnaire as easy as possible for you to fill out. You will easily recognize which questions apply to you.

Please be so kind and answer the questions carefully and completely, so that we can make the completion. This way you will avoid delays and unnecessary further inquiries, which is certainly als in your interest.
You facilitate the work for you and for us, if you enclose the requested certificates completely.

Thanking you for your understanding and cooperation, we remain

Sincerely Yours
The Registrar

(Moissl)

QUESTIONNAIRE

Please TYPE or PRINT !

Sonderstandesamt Bad Arolsen
Postfach 1320

D-34443 Bad Arolsen

Mrs. Sonja GRUBMANN née MILSTEIN *20.04.1915 / 1917 (?)

NAME	**FIRST NAMES**	
Possible **NAME at BIRTH**	**OCCUPATION** (possibel academic degree)	
RELIGION	Consent to entry into the death register: **( ) YES ( ) NO**	
BIRTHDATE	**BIRTHPLACE** (District / county)	**Please enclose Certificate**
PLACE of RESIDENCE	**STREET and HOUSE-NO.**	
MARITAL STATUS (please mark) **( ) SINGLE ( ) MARRIED ( ) WIDOWED ( ) DIVORCED**		
SPOUSE: **NAME** and possible **NAME at BIRTH**	**FIRST NAMES**	
WEDDING DAY and Place		**Please enclose Certificate**
DAY and PLACE of DEATH of SPOUSE		**Please enclose Certificate**
FATHER of the DECEASED (Name and first names)		
MOTHER of the DECEASED (Name, possible name at birth, first names)		
NATIONALITY	**REMARKS**	

(Place and Date)

(your own Signature)