

SONDERSTANDESAMT **BAD AROlsen**

Sonderstandesamt Bad Arolsen • Postfach 13 20 • 34443 Bad Arolsen

Mrs.
Karen Amato
364 Glencairn Avenue
M5N 1V1 Toronto
Canada

34454 Bad Arolsen • Große Allee 26

Telefon (0 56 91) - 3507
Telefon (0 56 91) - 801 183
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Sachbearbeiter: **Herr Moissl**

Ihr Zeichen / Ihre Nachricht vom

Unser Zeichen
Abt. I/Moi
T/D-Nr. 2.221.112

Bad Arolsen, den 21.01.2008

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.

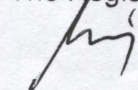
In order to complete the entry, we send you a questionnaire on the reserve. We have tried to make this questionnaire as easy as possible for you to fill out. You will easily recognize which questions apply to you.

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 also 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)

Bankkonten der Stadtkasse:

SPK Waldeck-Frankenberg
Raiffeisenbank Wolfhagen

01 001 627 (BLZ 523 500 05)
3 066 010 (BLZ 520 635 50)

Kasseler Bank
Raiffeisenbank Volkmarsen

40 009 906 (BLZ 520 900 00)
0516015 (BLZ 520 691 49)

Waldecker Bank Arolsen
Postbank Frankfurt

0 209 309 (BLZ 523 600 59)
21 578-600 (BLZ 500 100 60)

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)