

**SCHEDULE (B.)**

18 \_\_\_\_ DEATHS in the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_

No.	Surname and Name. Rank or Profession, and Condition. (Whether Married or Single, Widower or Widow.)	When and where Died, with Hour of Death.	Sex.	Age.	Parents' Names, and Rank, Profession, or Occupation.	Cause of Death, and how long Disease continued.— Medical Attendant by whom certified, and when he last saw deceased.	Burial Place. Undertaker or other Person by whom certified.	Signature, Qualification, and Residence of Informant, if out of the House in which the Death occurred.	When and where Registered, and Signature of Registrar.

**SCHEDULE (C.)**

18 \_\_\_\_ MARRIAGES in the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_

No.	When, where, and how Married.	Signatures of Parties.	Age.	Residence.	Rank or Profession and Condition. (Whether Bachelor or Widower, Spinster or Widow.) Relationship of Parties (if any.)	Name, Surname, and Rank or Profession of Father. Name and Maiden Surname of Mother.	If a regular Marriage, Signatures of Officiating Minister and Witnesses.	If irregular, date of Extract Sentence of Conviction, or Decree of Declarator, and in what Court pronounced.

The above Marriage was Registered by me at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_. \_\_\_\_\_ Registrar.