

نموذج رقم (٦/١٣.م)

RELEASED IN PART B6

الرسوم

١٢٠ ريال

٠٣٧٣٥٢ ط
٢٠١٠



المملكة العربية السعودية

وزارة الداخلية

مصلحة الأحوال المدنية والسجل المدني

شهادة وفاة

إدارة أحوال مدنية: الحجازي

مديرية: س

محافظة: س

REVIEW AUTHORITY: Sharon Ahmad, Senior Reviewer

بيانات الوفاة

بيانات المتوفي

محل الوفاة			تاريخ الوفاة الميلادي بالحروف			النوع	إسم المتوفي بالكامل		
دولة / محافظة	مديرية	قرية / مدينة	السنة	الشهر	اليوم		ذكر / أنثى	إسم الأب	إسم الجد اللقب
سبوه			١٩٧٥	أكتوبر	عشرون	ذكر	عبد الرحمن	الولفتي	عبد الرحمن

بيانات البطاقة

النوع	الرقم	تاريخ الإصدار	جهة الإصدار

محل الإقامة المعتادة				العالة الإجتماعية	المهنة
دولة / محافظة	مديرية	قرية / مدينة	العنوان		
سبوه				عازب الخالط	

القيود بالسجل المدني

التاريخ	الرقم	إسم الإدارة

بيانات الأم

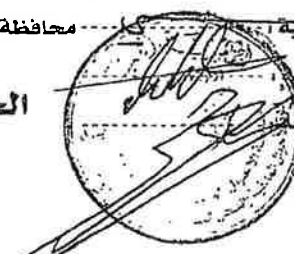
إسم الفرد	إسم الأب	إسم الجد	اللقب

سجلت الواقعة بسجل واقعة الوفاة رقم ٩٥٠ بتاريخ ١٤ / ١١ / ٢٠١١ م

بإدارة أحوال مدينة مديرية محافظة صنع

إسم المسجل مسد فان محمد توقيع

إسم مدير الأحوال المدنية صنع / علي حيران توقيع



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U.S. Department of State
Office of Language Services
Translating Division



LS No. 08-2012-0384-B
Arabic/English
MG/ SK
Republic of Yemen,
Death Certificates – Abdul
Rahman Al-'Awlaki

TRANSLATION

Form number (6/ 3 Alif. Mim)

Fees

037352 Ta/2010

120 Riyals

Official Emblem

Republic of Yemen

Ministry of Interior

Civil Status Authority and Civil Registry

Death Certificate

Civil Status Department: The Main Office

District:

Governorate: Sanaa

REVIEW AUTHORITY: Sharon Ahmad, Senior Reviewer

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[Rectangular stamp showing a registration number of 19363 and a date of: 11/14/2011]

[Rectangular stamp showing an illegible signature and the date, 11/14/2011]

Deceased Data:

Deceased's Full Name:

First name: Abdul Rahman

Father's Name: Anwar

Grandfather's Name or Surname: Al-'Awlaki

Sex: male / female: Male

Religion: Muslim

Nationality: U.S. Citizen

Date of Birth: Ninety Five

Death Data:

Date of death written in letters: October Fourteenth, Two Thousand and Eleven, A.D.

Place of Death:

Village or Town:

District:

Governorate / State: Shabwa

Marital Status: Single

Occupation: Student

Usual Place of Residence:

Address:

Village / Town:

District:

Governorate / State: Shabwa

Identity Card Data:

Kind [of Card]

Number:

Date of Issue:

Place of Issue:

Mother's Data:

First Name:

Father's Name:

Grandfather's Name:

Surname:

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Civil Registry Record:

Name of Department:

Number:

Date:

The death was recorded in the Death Registry Book number: 1, under number: 950, on: 11/14/2011 A.D.

In the Civil Status Department of the City of: The Main Office

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District: [illegible]

Governorate: Sanaa

Name of the Registrar: Adnan Mohammed

His Signature: [illegible signature]

Name of the Director of the Civil Status Department: Colonel/ Ali Khayran

His Signature: [illegible signature]

Seal: [illegible round imprint seal]

CERTIFICATION OF TRANSLATION

I hereby certify that the above translation, bearing LS No. C05200799 was prepared by the Office of Language Services of the U.S. Department of State, and that it is a correct translation to the best of my knowledge and belief.

Dated: 09/14/2012

Chief, Translating Division



U.S. Department of State

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Report of Death of an American Citizen Abroad

12/20/2011
(Post & date of issue)

SSA No. []

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Name in full Abdulrahman Anwar Al-Aulagi Age 16

Date and Place of Birth 26-Aug-1995 Denver, Colorado United States Of America

(Last name)
Al-Aulagi

Evidence of U.S. Citizenship Regular Passport #710207130 Issued On March 04, 2003

Address in U.S.A. _____

Permanent or Temporary Address Abroad Shabwa, Yemen

Date of death Oct 14 2011
(Month) (Day) (Hour) (Minute) (Year)

Place of death Shabwa Yemen
(Number and street) or (Hospital or hotel) (City) (Country)

Cause of death Unknown
(Including authority for statement - if physician, include full name and official title, if any)

Disposition of the remains Unknown

(First name)
Abdulrahman

Local law governing disinterment of remains provides that Not Allowed By Local Law

Disposition of the effects Unknown

Person or official responsible for custody of effects and accounting therefore Unknown

Traveling/residing abroad with relatives or friends as follows:

NAME ADDRESS
N/A N/A

Informed by telegram or telephone

NAME ADDRESS DATE NOTIFIED
[] [] 11/30/2011

(Middle name)
Anwar

Copy of this report sent to:

NAME ADDRESS DATE SENT
[] [] 12/24/2011

Notification or copy sent to Federal Agencies: SSA VA CSC Other
(State Agency)

The original copy of this document and information concerning the effects are being placed in the permanent files of the Department of State, Washington, D.C. 20520

(Date of death)
14-Oct-2011

Remarks: _____

(Continue on reverse if necessary.)

[SEAL] **REVIEW AUTHORITY: Sharon Ahmad, Senior Reviewer** _____
(Signature on all copies)

Stephanie Bunce _____ of the United States of America.
Consul