

DEATHS REGISTRATION
CERTIFIED COPY OF ENTRY IN REGISTER OF DEATHS

DECEASED INFORMATION

Surname: TRAVOLTA Sex: Male D.O.B.: 12th April 1992
 First Name: JETT Age: 16 Years D.O.D.: 2nd January 2009
 Middle Names: JACKSON Race: Time: 12:1 pm
 Citizenship: United States Marital Status: Single Occup: Student
 Place of Death: Ordinary Residence:
 Old Bahama Bay Resort
 Address: West End District:
 District: West End Island:
 Island: Grand Bahama Country: United States

SPOUSE INFORMATION

Surname:
 First/Middle Names:

CAUSES OF DEATH
SEIZURE DISORDER

Certifying Physician:

ADDRESS

District:
 Island: Country: Bahamas

I CERTIFY THAT THE ABOVE STATED PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Keith A. McSwency
 Relationship: Mortician

I AM SATISFIED AS TO THE CORRECTNESS AND SUFFICIENCY OF THIS STATEMENT AND OF THE MEDICAL OFFICER OF DEATH AND REGISTER THE DEATH THIS 5th DAY OF JANUARY, 2009.

Assistant Registrar: Morley, R. Registrar: Johnson, Rufus

CORRECTIONS OR ADDITIONS

Certified to be a true copy of an entry in the register of deaths. Given at Nassau, the Bahamas this 8th day of January, 2009.

[Signature]
 Actg. Deputy Registrar General

G. T. & E. SUPPLIES, D-11A V.V.S. (600) 321-5553