**死 亡 人 员 登 记 表**

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| **姓名** | |  | | | **部门** | |  | | **性别** |  | **职务** | | |  | **出生年月** | |  |
| **籍贯** | |  | | | **民族** | |  | **政治面貌** | |  | | **参加工作时间** | | |  | | |
| **原工资额** |  | | | | **退休工资** |  | | **死亡时间** |  | | **死亡地点** | |  | | **死亡原因** |  | |
| **后事处理情况** | **丧葬费** | |  | | | | | | | | | | | | | | |
| **抚恤金** | |  | | | | | | | | | | | | | | |
| **遗助属情补况** | | |  | | | | | | | | | | | | | |
| **备注** | |  | | | | | | | | | | | | | | |

**注：组织写的悼词另纸附表后。**

**经手人 填表日期**