Valhalla Helsesenter

Marviksveien 20

4631 Kristiansand

Phone: 38 14 30 40 / 47 51 36 88 Kristiansand, NORWAY

**Death certificate**

I hereby confirm that ………………………………………………………… born …………………

passed away at Valhalla Helsesenter, Short Term Nursing Home in Kristiansand Municipality, ………………..

Date…………….. Sign physician ……………………………………………

Medical certificate of cause of death is registered digitally at Norwegian Institute of Public Health and The Directorate of eHealth (sub-ordinate institution of the Norwegian Ministry of Health and Care Services).