

ANNEX 2
CONFIDENTIAL

Pursuant to Pre-Trial Chamber I's Decision

ICC-01/11-01/11-99, dated 4/4/12,

This document is refiled as "Public Redacted"

Great Socialist People's Libyan Arab Jamahiriya
General People's Committee for Public Security
General Register Office
Civil Registration Office in Misrata

Notification of Death

(to be presented to Civil Registration Offices in Libya and Consulates abroad)

Part I: Particulars of the deceased

Name: Mummar ...Father's name: Mohammad...Grandfather's name: Abu
Minyar ...Surname: Gaddafi...Sex: ...Nationality: Libyan ... Religion: Muslim
Identity card No.: ...Address:...Locality: ...Division: Tripoli
Passport number (for foreigners):... Reason for presence in Libya:.....
Mother's name:.....
Date of death: 20-10-2011 being THURSDAY THE TWENTIETH OF OCTOBER
TWO THOUSAND AND ELEVEN

Part II: Medical notification

Cause of death: Firearm shots resulting in injuries to the left side of the head
and the middle of the thorax. There are surgical scars on the right and left
sides of the abdomen and on the left leg. All scars are from old surgeries.
Name of doctor who performed the examination and determined the cause: [REDACTED]

Place: Outside the hospital...Time of death:...Date of death: 20-10-2011...Day:
Thursday

[REDACTED]Date: 20-10-2011

Part III: *[illegible]* (to be presented to the competent Civil Registry Office).

Please tick the appropriate notifying entity.

- Hospital Care home Rehabilitation institution Police station
Health clinic Housing or accommodation facility School
Other facility The Public Prosecution Office of the Chief of Staff

Name of entity: Address: Circumstances of notification

Death resulted from unnatural causes and the body is at the disposal of
the Public Prosecutor.

Great Socialist People's Libyan Arab Jamahiriya

General People's Committee for Justice and Public Security

General Registry Office

Civil Registry Office in Misrata

Family Record Book No.
Family Record No.

Record No. 1250
Page No. 61

[illegible]
[illegible]; Tripoli
Main Popular Conference:
Family Record Book No.
Place of issuance:

TRUE COPY OF DEATH
CERTIFICATE
"Official extract proving
Death"

Name of the person
reporting the death:
Address:
Proof of identity:

Deceased's full name: Muammar Mohammad Abu Minyar...Surname: Gaddafi
Sex: Male Age: 69.....Religion: Muslim.....Nationality: Libyan
Date of birth: 1942Causes of death (in detail): Firearm shots to the head
and thorax...Address and place of residence: Tripoli.....
Time and date of death:hours.....on 20.....Month: 10.....Year: 2011.
THE TWENTITH DAY OF OCTOBER TWO THOUSAND AND ELEVEN.....
Place of death: Sirte..... Notifying entity (name and address).
Deceased's father name:.....Mohammad Abu Minyar ...Surname: Gaddafi
Mother's name:Mother's surname:
The above particulars have been verified and entered into the Register of Deaths
under the above number.
Officer in charge of [REDACTED] ..Capacity: Employee....

Registration date: 20/10/2011

Notification date:(day).....(month).....(year).....
being ..20..(day).....10.....(month)..... 2011.....(year).....

Remarks

.....
.....

Death Natural causes Unnatural causes

If a person is reporting the death, please tick the appropriate box:

Grandparent or parent Child or grandchild

Brother or sister Maternal or paternal uncle

Husband or wife Adult relative present at death

Person residing with the deceased, if death occurred at home

Doctor or competent health official Hospital Manager

Owner or manager of shop, hotel or home

Director of rehabilitation institution Head of Pilgrimage Mission

Police station Pilot or ship's captain

Part IV: Details of person reporting the death

Full name: [REDACTED] Surname: [REDACTED]

Identity card: [REDACTED] Passport No.: [REDACTED] Occupation: [REDACTED]

Relationship to the deceased: [REDACTED]

Address: Misrata Signature: [REDACTED]

Date of notification: 20 October 2011

Part V: General details

Name of deceased's mother: Nationality

Date of death..... Cause(s) of death.....

Number of deceased's family register Number of family record book

Civil Registry Office Work address

Activity Distinguishing marks (if any)

Part VI: Witnesses - first witness

Name: Surname: Identity card No:

I testify that I was present at the death and burial of

On (day).....(date) Month Year

Signature Date

Great Socialist People's Libyan Arab Jamahiriya
 Misrata Central Hospital
 Medical Report and Notification of Injury

The mortal remains of Mummar Mohammad Abu Minyar Gaddafi were brought into the hospital clinic.
 Mother's name:
 Address:
 Nationality: Libyan
 Identity card or passport:

The injury

(Accident)	(Fall)
(Quarrel)	(Poisoning)
Diagnosis: Bullet wounds in left side of head and middle of thorax.	

Preliminary report: <input type="checkbox"/>	Final report: <input checked="" type="checkbox"/>
Recovery expected in: <input type="checkbox"/> days	<input type="checkbox"/> weeks
	<input type="checkbox"/> months
if no complications arise.	
Admitted into hospital <input type="checkbox"/>	Outpatient <input type="checkbox"/>
Time of admission into hospital;	Date;
Doctor's name and signature	Management approval
[signed and stamped] 20/10/2011

For the security checkpoint only

On(day) (date) athours,
 the injured person mother's name:
 age: address:
 arrived at the hospital. Personal particulars and nature of injury have been
 verified and report received.
 Name of officer on duty:

FAX NO. :

May. 27 2006 12:3 ٣١ PB

الجمهورية العربية السورية
مستشفى مصراثة المركزي

تقرير طبي وبلأغ عن إصابة

مختبر لعمارة المستشفي	المستشفى
اسم الوالد	مكان السكن
الجنسية	البطاقة الشخصية او الجواز

الإصابة

(حدث)	(سقوط)
(مشد جرة)	(تسمم)
التشخيص : طلع نارى بالراس من كابت الاسر في مستشفى	

تقرير ابتدائي :	تقرير نهائي :
متوقع خلال : يوم	أسبوع
حدث مضاعفات :	مراجعة العيادة
دخول المستشفى	التاريخ : / /
ساعة : نول المريض إلى المستشفى :	اعتماد الإدارة
اسم الطبيب	

خاص بنقطة الأمن

في يوم	بتاريخ	الساعة
حضرنا صاب	اسم الأم	العمر
وتم التاكد من صحة البيانات الشخصية والإصابة واستلمت التقرير	المسكن	
اسم المنة	ب بالنقطة	

FROM :

FAX NO. :

May. 27 2005 12:3 * P3

لجمهورية العربية الليبية الشعبية الاشتراكية العظمى
اللجنة الشعبية العامة للعدل والأمن العام
مصلحة الأحوال المدنية

مكتب السجل المدني بـ
رقم العائلة / / رقم القيد بالسجل / 1250
رقم العائلة / / رقم الصلحصة / 61

اسم المبلغ :
عنوانه :
مستند إثبات الشخصية ورقمه : ...

صورة طبق الاصل من واقعة
الوفاة

الاسم :
اللقب :
الاسم والشعبى الأسمعي :
رقم تيب العائلة :
منا صدوره :

* مستخرج رسمي لإثبات واقعة الوفاة *

اسم المتوفى ثلاثي :
الاسم : 69 المدينة :
تاريخ الولادة : 1942
أسباب الوفاة (تذكر مفصلة) : سلاح ضاررى أدى الى اصابته بالرأس والصدر
العنوان ومحل الإقامة :
تاريخ الوفاة / الساعة : اليوم : 20 الشهر : 10 السنة : 2011
التاريخ اليوم : الشهر : السنة :
سبب الوفاة :
البلد التي قامت بالتنظيم (بذكر الاسم والعنوان) :
اسم والد المتوفى :
اسم والدته :
تحقق من البيانات أعلاه وقيدت بحمد الله بالرقم أعلاه :
تاريخ القيد :
تاريخ التبليغ :
تاريخ اليوم : 20 الشهر : 10 السنة : 2011
(ملاحظات)

