**Sworn statement -**

[NAME OF THE ORGANISATION]

[ADDRESS]

[LOGO OF THE ORGANISATION]

For the attention of the Protect Aid Workers secretariat,

I, [full name], the undersigned, [your position] for [name of your organisation], certify that [name of the deceased aid worker] passed away on [day/month/year] at/in [city and country of death].

Full name:

Date and place of signature:

Signature: