

APPLICATION FOR A DEATH CERTIFICATE

FOR REGISTER OFFICE USE ONLY

Register No.

Entry No.

Certificate No.

Date of issue

TO THE REGISTRATION OFFICER HAVING CUSTODY OF THE REGISTER

1 APPLICANT

Name of applicant Mr
Mrs
Miss/Ms (STATE NAME IN FULL)

Full postal address

..... Post Code: Telephone no:

2 Please state your relationship to the person to whom
the certificate relates:

3 It would help us if you would state the purpose for
which the certificate is required:
.....

4 DETAILS OF DEATH CERTIFICATE REQUIRED

SURNAME OF DECEASED

DATE OF DEATH

FORENAMES

PLACE OF DEATH (full address or name of hospital)

OCCUPATION

DATE OF BIRTH or
AGE AT DEATH

HOME ADDRESS

If married or in a civil partnership please give name and surname
of spouse/civil partner

5 REQUIREMENTS (for information about the types of certificate available see overleaf)

A. STANDARD DEATH CERTIFICATE £ I require standard death certificate(s)
NUMBER

B. DEATH CERTIFICATE for certain statutory purposes £

I require a death certificate for each undermentioned purpose against which I have placed a tick (✓)

SOCIAL SECURITY (ADMINISTRATION) ACT

NATIONAL SAVINGS BANK

GOVERNMENT ANNUITIES

PREMIUM SAVINGS

WAR OR NATIONAL SAVINGS CERTIFICATES

SAVINGS CONTRACTS

6 REMITTANCE ENCLOSED (POSTAL APPLICATIONS ONLY)

I enclose a cheque/postal order for £

7 Signature Date