



REQUEST FOR DEATH CERTIFICATE

The following form needs to be completed in its entirety in order to apply for a Death Certificate.

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|---|------------------------------|---|--|
| Deceased's Surname (<i>Last Name</i>): | | Deceased's Maiden Name (<i>If Applicable</i>): | |
| Deceased's Christian Name (<i>First Name</i>): | | Deceased's Middle Name(s) (<i>If Applicable</i>): | |
| Deceased's Date of Birth: | | Deceased's Place of Birth (<i>Parish</i>): | |
| Date of Death: | Parish where death occurred: | | |
| Applicant's First, Middle and Last Name: | | Applicant's Cellular No.: | |
| Applicant's E - Mail Address: | Applicant's Return Address: | | |
| Fee US\$3.40. (<i>EC\$7.00 fee and EC\$2.10 for regular return postage. Make International Postal Order payable to: Deputy Registrar General.</i>) | | | |

FORWARD APPLICATION AND FEE TO:

DEPUTY REGISTRAR GENERAL

Births, Deaths and Marriage Certificates

Ministry of Health

Ministerial Complex

Botanical Gardens

Tanteen

St. George's

GRENADA, W. I.

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