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 (*Last Name*):**      | **Deceased’s Maiden Name (*If Applicable*):**      |
| **Deceased’s Christian Name (*First Name*):**      | **Deceased’s Middle Name(s) (*If Applicable*):**      |
| **Deceased’s Date of Birth:**      | **Deceased’s Place of Birth (*Parish*):**      |
| **Date of Death:**      | **Parish where death occurred:**      |
| **Applicant’s First, Middle and Last Name:**      | **Applicant’s Cellular No.:**      |
| **Applicant’s eMail Address:**      |  | **Applicant’s Return Address:**      |
| **Fee US$4.00**. (***EC$7.00*** *fee and* ***EC$2.10*** *for regular return postage. Make* ***Money/Postal Order*** *payable to:* ***Embassy of Grenada***). |

**FORWARD APPLICATION AND FEE TO:**

**CONSULATE GENERAL OF GRENADA**

11900 Biscayne Boulevard

Suite 740

North Miami, FL 33181–2733

**Tel.** (305) 570–2716 x.102

**WhatsApp** (305) 465–1957