REQUEST FOR DEATH CERTIFICATE

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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