

FORM OF APPLICATION FOR THE REGISTRATION OF A DEATH

(See para 4.1)

(*Question 8 for official use and should be left blank)

INFORMATION ABOUT THE PERSON WHOSE DEATH IS TO BE REGISTERED

1. Date of death _____
Place of death (full address)

2. Full names and surname _____
3. Sex (male or female)
4. Maiden surname of woman who has married
5. Date and place of birth
6. Occupation _____
7. Address in full of usual residence at time of death _____
8. *Claim to citizenship _____
9. Evidence of death submitted _____

INFORMATION ABOUT THE INFORMANT

10. Name and surname _____
11. Relationship to deceased or other qualification _____
12. Postal address
and
Telephone
Number

DECLARATION

I declare that the particulars given above are true to the best of my personal knowledge and belief.

Signature _____

Place _____ Date _____

FOR OFFICIAL USE ONLY

Evidence of death seen

Evidence of citizenship seen

Entry No Date of registration