

DEATH CERTIFICATE APPLICATION FORM
General Register Office - Government of Guyana

ACCESSION/ FILE NO.	D								
CERT. NO.	D								

DO NOT WRITE IN SHADED AREAS ON THIS FORM – WRITE ALL INFORMATION CLEARLY IN INK – IN SECTIONS 1 TO 9 PROVIDED ALL INFORMATION ABOUT THE PERSON FOR WHOM THE DEATH CERTIFICATE IS TO BE ISSUED.

1 LAST NAME (SURNAME)				4 DATE OF DEATH				NS <input type="checkbox"/>
					DAY	MONTH	YEAR	OS <input type="checkbox"/>
2 FIRST NAME				5 SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>		
3 OTHER NAMES				DATE REGISTERED				
					DAY	MONTH	YEAR	
6 PLACE OF DEATH	HOSPITAL <input type="checkbox"/>	NAME OF HOSPITAL OR INSTITUTION			LOCATION			REGION
	OTHER <input type="checkbox"/>							
		NUMBER	STREET OR DAM	WARD OR VILLAGE	TOWN OR COUNTRY	REGION		
7 CAUSE OF DEATH					YEAR OF BIRTH			
9 PLACE OF BIRTH								
	WARD OR VILLAGE			TOWN OR COUNTRY				
10 NAME AND LOCAL ADDRESS TO WHICH CERTIFICATE IS TO BE SENT								
	NAME			ADDRESS				
11 POST OFFICE USE ONLY	POST OFFICE	DATE RECV.	TRANSMITTAL NO.	ITEM NO.	RECEIPT NO.	NO. COPIES	INITIAL	
		RECV.	OPER.	TRANS.	DESP.	AFFIX POSTAGE STAMP HERE		
12 GRO USE ONLY	ADV							
	CLK							
	DI							
	DO							
	RMK	IC <input type="checkbox"/> ANE <input type="checkbox"/> TD <input type="checkbox"/>	ENT <input type="checkbox"/> DES <input type="checkbox"/>		CERT <input type="checkbox"/> NOT <input type="checkbox"/>			