

# APPLICATION FOR DEATH CERTIFICATE

Dated this  day of  20\_\_\_\_

At  am/pm.

Please write in the necessary information below.

Name of Person

Date of Death

Place of Death

The prescribed fee for a Death Certificate is in the amount of twenty dollar (\$20.00) and a stamp totaling eighty (80) cents. A receipt voucher will be issued upon request to be paid into the Government Treasury.

After the completion of this form, please attached your (80) cents stamp and receipt.

Note: Receipt and stamp must be attached to form before the information can be processed.

\_\_\_\_\_  
Name of person applying for Death Certificate  
Telephone Number\_\_\_\_\_

\_\_\_\_\_  
Signature

## OFFICIAL USE ONLY

Serial No:-

Trade or Business:-

Cause of Death:-

Age:-

Registrar:-

Registered Date:-