

APPLICATION FOR A DEATH CERTIFICATE

APPLICANT

FULL NAME:

POSTAL ADDRESS:

POSTCODE:

TELEPHONE No.

EMAIL:

PLEASE STATE YOUR RELATIONSHIP TO THE PERSON TO WHOM THE CERTIFICATE RELATES:

DETAILS OF DEATH CERTIFICATE REQUIRED

FULL NAME OF DECEASED:

DATE OF DEATH:

PLACE OF DEATH:

DATE OF BIRTH or AGE AT DEATH:

MAIDEN SURNAME (if applicable):

OCCUPATION:

HOME ADDRESS:

PLEASE GIVE FULL NAME OF SPOUSE (if applicable):

CERTIFICATE REQUIREMENTS

PLEASE CIRCLE NUMBER OF CERTIFICATES REQUIRED: 1 2 3 4 5 6

PLEASE TICK THE SERVICE REQUIRED:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Priority one working day service posted first class to UK address £35.00 per copy |
| <input type="checkbox"/> | Priority one working day service posted to an overseas address (includes £1 extra postal charge) £36.00 per copy |
| <input type="checkbox"/> | Collect from Guildford Register Office £35.00 per copy
You will be telephoned when the certificate is ready for collection. Please do not arrive at Guildford Register Office until you have been contacted, as the certificate will not be ready for you to pick up. |
| <input type="checkbox"/> | Standard 15 working day service posted first class to UK address £11.00 per copy |
| <input type="checkbox"/> | Standard 15 working day service posted to an overseas address (includes £1 extra postal charge) £12.00 per copy |
| <input type="checkbox"/> | Collect from Guildford Register Office £11.00 per copy
You will be telephoned when the certificate is ready for collection. Please do not arrive at Guildford Register Office until you have been contacted, as the certificate will not be ready for you to pick up. |

PLEASE STATE THE REASON FOR YOUR APPLICATION:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Legal proceedings (e.g. pension, probate, insurance) |
| <input type="checkbox"/> | Benefits claim |
| <input type="checkbox"/> | Death related |
| <input type="checkbox"/> | Family history research |
| <input type="checkbox"/> | Replacement |
| <input type="checkbox"/> | Personal |
| <input type="checkbox"/> | Other (please specify) |

FOR OFFICE USE ONLY

Date of application:

Register/entry number:

Date dispatched:

Notes:

Reference number:

Certificate number(s):