

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 SECTIONS 1 TO 8 PROVIDED ALL INFORMATION ABOUT THE PERSON FOR WHOM THE BIRTH 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 FEMALE			
³ OTHER NAMES						DATE REGISTERED					
								DAY	MONTH	YEAR	
⁴ PLACE OF BIRTH	HOSPITAL										
		NAME OF HOSPITAL OR INSTITUTION				LOCATION				REGION	
	OTHER	NUMBER	STREET OR DAM		WARD OR VILLAGE		TOWN OR COUNTY		REGION		
⁷ CAUSE OF DEATH						YEAR OF BIRTH					
								DAY	MONTH	YEAR	
⁸ PLACE OF BIRTH											
		WARD OR VILLAGE				TOWN OR COUNTY					
⁹ NAME AND ADDRESS TO WHICH CERTIFICATE IS TO BE SENT											
		NAME				ADDRESS					
¹⁰ POST OFFICE USE ONLY											
	POST OFFICE	DATE RECV.	TRANSMITTAL NO.	ITEM NO.	RECEIPT NO.	NO. COPIES	INITIAL				
¹¹ GRO USE ONLY		RECV.		OPER.		TRANS.		DESP.		AFFIX POSTAGE STAMP HERE	
	ADV	H	P	H	P	H	P	H	P		
	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"/>