

**DEATH CERTIFICATE APPLICATION FORM**  
 General Register Office - Government of Guyana

ACCESSION/ FILE NO.	<b>D</b>								
CERT. NO.	<b>D</b>								

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	DAY	MONTH	YEAR	NS	<input type="checkbox"/>	OS	<input type="checkbox"/>		
					5 SEX	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>				
2 FIRST NAME				DATE REGISTERED	DAY	MONTH	YEAR						
3 OTHER NAMES					LOCATION								
6 PLACE OF DEATH <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER	NAME OF HOSPITAL OR INSTITUTION				LOCATION		REGION						
	NUMBER	STREET OR DAM	WARD OR VILLAGE	TOWN OR COUNTRY	YEAR OF BIRTH	REGION							
7 CAUSE OF DEATH													
8 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					
12 GRO USE ONLY	ADV	REC'D	OPER.	TRANS.	DESP.								
	CLK												
	D1												
	DO												
	RNIK	<input type="checkbox"/>	ANE	<input type="checkbox"/>	TD	<input type="checkbox"/>	ENT	<input type="checkbox"/>	DES	<input type="checkbox"/>	CERT	<input type="checkbox"/>	NOT
AFFIX POSTAGE STAMP HERE													