

Death Certificate Application

Please print application form and complete.

1.	Ap	plic	ant
----	----	------	-----

Name of applicant: Mr / Mrs / Miss / Ms (State name in full)				
Full postal address:				
Postcode:	Telephone No:			
2.				
Please state your relationship to the person to whom the certificate relates:				
3.				
It would help us if you would state the purpose for which the certificate is required:				
4. Details of Death Certificate required				
Surname of Deceased	Date of Death			
Forename(s)	Place of Death (Full address or name of Hospital)			
Occupation	Spouse or Civil Partners name			
· ·	Surname			
· ·				
Date of Birth or Age at Death	Forename(s)			

5. Requirements (See notes)

Standard (Full) Death Certificate (£10.00 each) £ (to be collected from a main register office within 5 working days)		l require	Death Certificate(s)
Standard (Full) Death Certificate (£12.00 each) £ (to be posted out (2 nd class) within 5 working days)		I require	Death Certificate(s)
Priority Service (to be posted (1 st class) same day or register office)	(£20.00 each) £ or collected from a main	I require	Priority Death Certificate(s)
Priority Service (guaranteed next day delivery)	(£25.00 each) £	I require	Priority Death Certificate(s)

6. Remittance Enclosed

I enclose a cheque / postal order in sterling for £					
7.					
Signature:	Date:				
FOR REGISTER OFFICE USE ONLY					
Register No.	Certificate No.				
Entry No.					
Date of issue:					

Web: <u>www.northumberland.gov.uk/registrar</u>