

# Application for a death certificate

1 To be completed by the person applying for the certificate

Your full name:

Mr / Mrs / Miss / Ms \*

.....  
(\*delete as applicable)

Your postal address

.....  
.....

Post Code.....

Telephone no.....

2 Purpose for which certificate is required

.....  
.....

3 Please state your relationship to the person on the certificate

.....

4 Details of the Death Certificate:

SURNAME OF DECEASED

.....

FORENAMES.....

.....

OCCUPATION.....

HOME ADDRESS

.....

.....

DATE OF DEATH

.....

PLACE OF DEATH

.....

DATE OF BIRTH or AGE AT DEATH

.....

If married at time of death please give name and surname spouse

.....

5 Service required:

State number of certificates

Standard certificate ..... (£11) Express certificate ..... (£35)

6 Signature of applicant:

.....

Date

.....

**7 Cheques and postal orders should be made payable to South Gloucestershire Council and posted with this signed, completed form to South Gloucestershire Register Office, CE&CR Department, PO Box 1953, Bristol BS37 0DB. Please enclose a stamped addressed envelope.**