

DEATH CERTIFICATE APPLICATION FORM General Register Office - Government of Guyana					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">ACCESSION/ FILE NO.</td> <td style="width: 5%;">D</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>CERT. NO.</td> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								ACCESSION/ FILE NO.	D									CERT. NO.	D								
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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"/>
2 FIRST NAME		5 SEX	MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		
3 OTHER NAMES		DATE REGISTERED	DAY	MONTH	YEAR		
6 PLACE OF DEATH HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/>							
	NAME OF HOSPITAL OR INSTITUTION		LOCATION			REGION	
	NUMBER	STREET OR DAM	WARD OR VILLAGE	TOWN OR COUNTRY		REGION	
7 CAUSE OF DEATH						YEAR OF BIRTH	
9 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		RECV.	OPER.	TRANS.	DESP.	AFFIX POSTAGE STAMP HERE	
	ADV						
	CLK						
	DI						
	DO						
	RMK	IC <input type="checkbox"/>	ANE <input type="checkbox"/>	TD <input type="checkbox"/>	ENT <input type="checkbox"/>		