

**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 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"/>	NAME OF HOSPITAL OR INSTITUTION			LOCATION			REGION			
	OTHER <input type="checkbox"/>	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 REC.V.	TRANSMITAL NO.	ITEM NO.	RECEIPT NO.	NO. COPIES	INITIAL
12 GRO USE ONLY	REC.V.	OPER.	TRANS	DESP.	AFFIX POSTAGE STAMP HERE		
	ADV						
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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"/>