

Filling in this application form

This office holds records of deaths registered in Barbados from 1925. This application is for applying for **Death** certificates only. Please complete the application form in **BLOCK LETTERS**.

Section 1.

Fill in your name, full address and National Registration No.

Section 2.

- State your relationship to the deceased.
- Give your reason for applying for the Death certificate.
- Indicate the number of certificates required. The Office issues **two** types of Death certificates. The cost is as follows:
 1. Death Certificate – **\$5.00 each.**
 2. Cause of Death Certificate – **\$10.00 each.**

Section 3.

The more details of the Death certificate you supply the better the chance we will have of locating the correct record.

- A search will be conducted two years either side of the date quoted.
- If you do not know the full date of Death, please state a two-year search you require us to undertake (e.g. 1990-1991).
- **If insufficient details are provided to conduct a search your application will be returned to you.**

For purposes of the detection and prevention of crime, information relating to this application may be passed to other Government Departments or law enforcement agencies.

GOVERNMENT OF BARBADOS
REGISTRATION DEPARTMENT
RECORDS BRANCH

APPLICATION FOR DEATH CERTIFICATE

DECLARATION: *

I.....hereby declare

.....

.....

* To be completed if Applicant is unable to produce Barbados Identification of deceased.

Signature:.....

Date:.....

Please read notes overleaf before completing this form in BLOCK LETTERS

SECTION 1. APPLICANT'S NAME AND ADDRESS

Name	
Address	
National Registration No.	
Applicant's Signature	

SECTION 2. RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE

State your relationship to the Deceased:

Reason for requesting the certificate:

Number of certificates required: copies Cause of Death:

SECTION 3. DETAILS OF DEATH CERTIFICATE REQUIRED

Deceased Surname	Deceased Christian Names		
Date of Death	Day	Month	Year
Deceased National Registration No.:			
Place of Death:			

FOR OFFICE USE ONLY

Cost of Certificate(s)	Receipt No.:
Due Date:	Officer Assigned:
Reference:	