



Application for DEATH Certificate

CAS 52

For use in the PUBLIC SEARCH ROOM only

Please complete **BLOCK CAPITALS**

Your Details	
Name	
Address	
Signature	
Tel. No.	Date

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

Entry No.
Action by

Office use only

How many copies would you like?

How would you like to receive your certificate/s?

- Posted** £7.00 on 4th working day
Please address an envelope
- Collect** £7.00 after 11am on 4th working day
on production of receipt
- Priority** £23.00 24 hours (Collection)

Certificate Details	
Surname	
Forenames	
Age or date of birth	
If the deceased was aged 16 or under and died within the last 50 years please complete all the section below	
Father's surname	
Father's forenames	
Mother's maiden surname	
Mother's forenames	

If you cannot complete all of this section please go to the Customer Service Desk where you will be required to show two forms of ID for authorisation.

Please refer to the Black index books and complete the appropriate section according to the year of registration

	Year	Quarter please circle	District	Vol	Page
1837 - 1983		Mar June Sept Dec			No. following vol
	Year	District	Reg	Vol	Page
1984 - 1992	19				No. following vol
	Year	District Name / No.	REG No.	ENT No.	DOR
1993 onwards					

If you are unsure about whether or not you have found the correct entry and would like it checked, please complete the back of the form. **Checking point/s** Yes No (please tick)

Please repeat index details below

Checking point/s Yes No (please tick)

Surname		Forenames			
	Year	Quarter please circle	District	Vol	Page
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