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# Copy of a Death Certificate Application Form

Please use this form to request copies of death certificates. Please provide as much information as you can, but questions marked in **BOLD TYPE** must be answered.

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| --- |
| Applicant Details |
| NAME |  |  |
| ADDRESS |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| POSTCODE |  |  |
| CONTACT PHONE NUMBER |  |  |
| Email Address |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Details of Death Certificate Required |  |
| surname of deceased |  |  |
| forename(s) |  |  |
| Date of death |  |  |
| Place of death | (full address or name of hospital) |  |
|  |  |  |
| Date of birth or age at death |  |  |
| Occupation |  |  |
| Home address of deceased |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Additional Details |
| Number of copies required |  | Cost per certificate | **£10.00** |  |
|  |
| Total enclosed |  |  |
|  |  |  |

Please send this completed form, along with a cheque/postal order made payable to Warwickshire County Council for the total amount and a stamped, self addressed envelope to:

|  |  |  |
| --- | --- | --- |
| **Rugby:****The Register Office****5, Bloxam Place****Rugby****CV21 3DS** | **Nuneaton:****The Register Office****Riversley Park****Coton Road****Nuneaton****CV11 5HA** | **Warwick:****The Register Office****PO Box 9****Shire Hall****Warwick****CV34 4RR** |