



REQUEST FOR DEATH CERTIFICATE

The following form needs to be completed in its entirety in order to apply a Death Certificate.

Deceased's Surname (<i>Last Name</i>):		Deceased's Maiden Name (<i>If Applicable</i>):	
Deceased's First Name:		Deceased's Middle Name (<i>If Applicable</i>):	
Deceased's Date of Birth:		Deceased's Place of Birth (<i>Parish</i>):	
Date of Death:		Parish where death occurred:	
Applicant's Last Name, First Name and Middle Name:		Applicant's Cellular No.:	
Applicant's E-Mail Address:		Applicant's Return Address:	
Fee £5.00. (<i>£4.00 fee and £1.00 for regular return postage. Send payments through MoneyGram payable to: Ms. Anthonia James</i> Please forward tracking number and form by Email to: birthdeathgov@gmail.com)			

FORWARD APPLICATION AND FEE TO:

DEPUTY REGISTRAR GENERAL
Births, Deaths and Marriage Certificates
Ministry of Health
Ministerial Complex
Botanical Gardens
Tanteen
St. George's
GRENADA, W. I.
Tel. (473) 440-2806