

# APPLICATION FOR DEATH CERTIFICATE

REGISTER No.	ENTRY No.	CERTIFICATE No.	DATE ISSUED

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS. Failure to fully complete may result in the certificate not being issued.

Today's Date:-

Please state relationship to the person:-

Purpose of Cert. i.e. financial reasons/evidence of previous marriage etc.:-

## DETAILS OF DEATH CERTIFICATE REQUIRED

Forenames	
Surname	
Date of Death	
Place of Death	

## YOUR DETAILS

Name:

Address:

Post code:

Phone Number:

## PAYMENT

**DEATH CERTIFICATE = £10.00**

**NUMBER REQUIRED:**

**TOTAL COST: £**

## CREDIT DEBIT CARD

(Switch Cards will have 18 digits)

CARD NO:- \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ISS NO \_\_\_\_ (if appropriate)

Exp date \_\_ / \_\_ start date \_\_ / \_\_ 3 Digit Security Code \_\_\_\_

NAME EXACTLY AS ON CARD: \_\_\_\_\_

ALL CHEQUES AND POSTAL ORDERS SHOULD BE MADE PAYABLE TO:-

**CORNWALL COUNCIL**

PLEASE ENCLOSE A STAMPED SELF ADDRESSED ENVELOPE WITH YOUR APPLICATION

PLEASE SEND THIS FORM TO:-

Certificate Applications, PO BOX 94, Truro, Cornwall, TR1 9AZ