

Application form to correct details on a Death Registration

Before completing this form, please read the leaflet
'How to apply for a correction to a death registration'

This form should be used when applying for a correction to the General Register Office where there has **not** been a Coroner's inquest. You need to complete all sections of the form and then complete the checklist

Your Name

Your contact details.

Please include address, telephone number and email address

Address:

Telephone number:
Email address:

Your relationship to the person named on the certificate

See guidance leaflet, Section 4.

Details of the error(s) Please clearly explain in the boxes below what is **wrong** and what the correct details are

What is wrong :	What the correct details are :

Please give as full an explanation as possible of how the error occurred

I have enclosed a certified copy of the death certificate that needs correcting.

See guidance leaflet, Section 7

YES NO

I have enclosed certified copies of document(s) which clearly shows the correct information See guidance leaflet, Section 6 & 7

YES NO

I want to go to the register office to witness the correction being made OR

See guidance leaflet, Sections 5 & 8

I am happy for the correction to be made in my absence and I understand that the correction will be a note in the margin

See guidance leaflet, Sections 5 & 8

Please tick one box only

Please note: **before** certain types of corrections can be authorised, you may be asked to make a statutory declaration. The declaration must be signed by someone who legally can attest an oath. A fee may be charged for this service. If you need to make a declaration we will send a pre-worded form to you once your case has been assessed. *See guidance leaflet, Section 8.*

On average we will reply to your initial application within **5 working days**. However, if we ask you for more information or you need to send in more paperwork, you should expect each further reply to take up to **20 working days**.
See guidance leaflet, Section 9.

Please include any further information you think may be relevant

Contact details of the person who registered the death (if not given overleaf)

Address:

Telephone No:

Email Address:

I declare that the information supplied is true to the best of my knowledge and belief and that the evidence enclosed is a true copy of the original documentation

Applicant's signature

Check list

- | | |
|--|--------------------------|
| I have filled in all sections of the form | <input type="checkbox"/> |
| I have included a certified copy of the death certificate that needs correcting | <input type="checkbox"/> |
| I have enclosed document(s) that show the correct information | <input type="checkbox"/> |

For the purpose of detecting and preventing crime, information relating to an application may be shared and verified with other government departments or law enforcement agencies