



APPLICATION FOR DEATH CERTIFICATE

REGISTER No.	ENTRY No.	CERTIFICATE No.	DATE ISSUED
PLEASE COMPLETE ALL SECTIONS BELOW IN BLOCK CAPITALS.		Date:	
Please state relationship to the person:			
DETAILS OF DEATH CERTIFICATE REQUIRED			
Forenames			
Surname			
Date of Death			
Place of Death			
YOUR DETAILS			
Name:			
Address:			
Post code:		Phone Number:	
CERTIFICATE & PAYMENT DETAILS		FEE	NUMBER REQUIRED?
DEATH CERTIFICATE		£11.00	
TOTAL COST		£	
PAYMENT		<i>Please tick as appropriate</i>	
Credit / Debit card over the phone			
Please tick this box and we will call you to take the payment.			
Cheque / Postal Order			
Please enclose a cheque/ PO for the full amount with your application form. Payable to Cornwall Council.			

PLEASE SEND THIS FORM TO: Certificate Applications, PO BOX 94, Truro, Cornwall, TR1 9AZ