

## 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.

Applicant Details	
<b>NAME</b>	_____
<b>ADDRESS</b>	_____
	_____
	_____
	_____
<b>POSTCODE</b>	_____
<b>CONTACT PHONE NUMBER</b>	_____
Email Address	_____

Details of Death Certificate Required	
<b>SURNAME OF DECEASED</b>	_____
<b>FORENAME(S)</b>	_____
<b>DATE OF DEATH</b>	_____
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 <b>£12.50</b> _____
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:**

**Rugby Registration Office**  
 5 Bloxam Place  
 Rugby  
 CV21 3DS

**Nuneaton:**

**Nuneaton Registration Office**  
 Riversley Park  
 Coton Road  
 Nuneaton  
 CV11 5HA

**Warwick:**

**Warwick Register Office**  
 Shire Hall  
 Market Place  
 Warwick  
 CV34 4RL

