

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	
NAME	_____
ADDRESS	_____ _____ _____ _____
POSTCODE	_____
CONTACT PHONE NUMBER	_____
Email Address	_____

Details of Death Certificate Required	
SURNAME OF DECEASED	_____
FORENAME(S)	_____
DATE OF DEATH	_____
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 £11.00 _____
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:

The Register Office
5, Bloxam Place
Rugby
CV21 3DS

Nuneaton:

The Register Office
Riversley Park
Coton Road
Nuneaton
CV11 5HA

Warwick:

The Register Office
PO Box 9
Shire Hall
Warwick
CV34 4RR