



Antigua and Barbuda

Civil Registry

Application for a Death Certificate

Details of Death Certificate Requested

Name :.....

Sex: Female.....Male.....

Date of Death:.....

Parish:.....

Details of Person applying for Death Certificate

Name of Person applying for Death Certificate:.....

Relationship of Applicant to Person named in the Certificate:.....

Address of Applicant:.....

Telephone No:.....

E mail Address:.....

Date of Application:.....

Photo ID:.....

Signature of Applicant:.....

Received by:.....

.....

Official Use:

Date of Application:.....

Date of Completion:.....

Name and Signature of Clerk:.....