



Application for Death Certificate

CAS 52

USE THIS FORM ONLY TO ORDER CERTIFICATES THROUGH THE PUBLIC SEARCH ROOM

PLEASE COMPLETE SECTIONS A-E IN BLOCK CAPITALS BEFORE TAKING YOUR APPLICATION TO THE TILLS

A HOW MANY COPIES DO YOU REQUIRE (extra certificates are £6.50 each)

TICK THE APPROPRIATE BOXES FOR QUESTIONS 1-3

- 1 POSTED within 4 working days, first class post £6.50
- 2 COLLECTION after 11am on the fourth working day £6.50 (on production of your receipt)
- 3 24 HOURS for a fee of £22.50 (COLLECTION)
- 4 Please state your relationship to the person whom the certificate relates _____
- 5 Explain your reasons for wanting a certificate _____

For purposes of detection and prevention of crime, information relating to this application may be passed on to other Government departments or law enforcement agencies

| |
|---------------------|
| Entry No. |
| Taken out by |
| for office use only |

B Death details

| |
|---|
| Surname |
| Forenames |
| Age or date of birth (if shown in index) |
| IF THE DECEASED IS A CHILD AGED 16 OR UNDER PLEASE SUPPLY THE INFORMATION REQUIRED IN THE FOLLOWING 2 BOXES |
| Father's Full Name |
| Mother's Full Name |

Please note that details supplied in section B will NOT be checked against the entry to which section C refers. If you are unsure that you have found the correct entry see the back of this form.

E APPLICANT DETAILS

| |
|-----------------------------------|
| NAME |
| ADDRESS |
| |
| SIGNATURE |
| TEL. No DATE |

PLEASE REFER TO THE BLACK INDEX BOOKS TO COMPLETE THIS SECTION

C

| | | | | | |
|---------------------|------|-----------------------|----------|---------|-----------------------------|
| 1837 - 1983 | YEAR | QUARTER | DISTRICT | VOL. | PAGE.(Number following VOL) |
| 1984 - 1992 | YEAR | DISTRICT | REG | VOL. | PAGE.(Number following VOL) |
| 1993 ONWARDS | YEAR | DISTRICT Name and No. | REG No. | ENT No. | DOR |

IMPORTANT
DO NOT FORGET TO REPEAT THE NAME AND THE INDEX DETAILS BELOW (SEE SECTIONS B-C)

D

| | |
|---------|-----------|
| SURNAME | FORENAMES |
|---------|-----------|

| | | | | | |
|---------------------|------|-----------------------|----------|---------|-----------------------------|
| 1837 - 1983 | YEAR | QUARTER | DISTRICT | VOL. | PAGE.(Number following VOL) |
| 1984 - 1992 | YEAR | DISTRICT | REG | VOL. | PAGE.(Number following VOL) |
| 1993 ONWARDS | YEAR | DISTRICT Name and No. | REG No. | ENT No. | DOR |

ONLY USE THIS SIDE IF YOU ARE UNSURE THAT YOU HAVE THE CORRECT ENTRY

If, after completing the other side of this form, you are in doubt as to whether you have found the right entry, ask at the Customer Service Desk for leaflet CAS 62. Then, if you require reference(s) to be checked, fill in any space(s) below, where you are sure of the information.

A CERTIFICATE WILL BE PRODUCED ONLY IF THE PARTICULARS IN THE DEATH RECORD AGREE PRECISELY WITH THOSE ENTERED BELOW. DETAILS WHICH DO NOT AGREE WITH THE ENTRY WILL BE CIRCLED. DETAILS NOT STATED ON AN ENTRY WILL BE MARKED 'N/S'. ONLY ENTER DETAILS BELOW IF YOU ARE CERTAIN OF THE INFORMATION.

1. Date of death
2. Place of death
as exactly as possible
3. Date of birth
of deceased
(only shown in and
after June 1959)
4. Occupation and
(if female)
marital condition
of deceased
5. Other checking point

TO BE COMPLETED BY GENERAL REGISTER OFFICE:

| CHECK POINT | REF: 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------|--------|---|---|---|---|---|---|---|---|---|----|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |