



**Government of Jamaica
Registrar General's Department**

**Form DTHREQ
Rev. 2000.1**

Application for a Certified Copy of Death Certificate

Please Print All Information In **BLOCK CAPITAL LETTERS**. The more information provided, the better the chance for prompt and accurate service.

I hereby apply for <input style="width: 50px; height: 20px;" type="text"/> Certified Copy(s) of the Death Certificate issued for:		
<i>Number</i>		
Deceased's Christian (First) Name	Deceased's Middle Name	Deceased's Surname
Place of Death (Hospital, District, Street Address, etc.)		
Parish of Death	District of Death	
Date of Death (dd/mm/yyyy)	Sex (Circle appropriately)	
<i>Day</i> <i>Month</i> <i>Year</i>	<input type="radio"/> Male <input type="radio"/> Female	
How Did the person Die? Circle Appropriately:		
<input type="radio"/> Violently	<input type="radio"/> Suddenly	<input type="radio"/> Accidentally
<input type="radio"/> Of Natural Causes		
Place of Registration of Death (Parish)	Place of Registration of Death (District)	
Date of registration of Death	Registration Number	
<i>Day</i> <i>Month</i> <i>Year</i>		
Applicants Christian (First) Name	Applicants Middle Name	Applicants Surname
Applicants Signature	Application Date	
	<i>Day</i> <i>Month</i> <i>Year</i>	
Applicants Address (Street)		
Applicants Address (Town)	Applicants Address (Parish)	
Applicants Relationship to Deceased	Telephone Number(s)	
Special Instructions		

NOT TO BE SOLD

For Use by RGD Only

Recvd.	Payment	Cert. Loc.	Copy	Sealed	Deliv.
Date	Date	Date	Date	Date	Date
By	By	By	By	By	By