DEATH CERTIFICATE APPLICATION **NOTES FOR GUIDANCE**

HOW DO I APPLY?		
In Person :	By taking your application form to the General Register Office. The office is open Monday to Friday 9.30am - 4.00pm (excluding Public Holidays).	
By Post :	By forwarding the application form and fee to :	
	The General Register Office Oxford House 49-55 Chichester Street BELFAST BT1 4HL	
By Telephone :	By telephoning (028) 9025 2000 if you have Switch/Visa/Mastercard. You should have your card with you when you ring as we will require your card number and expiry date.	
By Internet :	www.groni.gov.uk	
HOW LONG WILL IT TAK	Е?	
Personal Applications :	Ready for collection or posting out in THREE working days.	
Postal/Telephone		
Applications :	Processed within EIGHT working days of the application being received.	
Internet Applications :	Processed within EIGHT working days of the application being received.	
Priority Applications :	Personal applications are ready within one hour, if the extra fee of £15 is paid in addition to the cost of the certificate. Priority applications received by post, telephone or via the internet will be issued by first class mail, on the day of receipt. Please note, for the priority certificate to be dispatched on the same working day, it must be received by 14.30 if applying by post, telephone or internet, and 15.00 for personal callers at the counter.	
HOW DO I PAY?		
Personal Applications :	You can pay by cash, cheque (accompanied by a cheque guarantee card) postal order or credit card.	
Postal Applications :	You can pay by cheque or postal order made payable to 'The Registrar General' or by credit card. Payment from abroad may be made by cheque, international money order or credit card. Cheque, money order and credit card orders should always be expressed in STERLING. PLEASE DO NOT SEND CASH.	
Telephone Applications :	You can pay by using a valid Switch, Visa or Mastercard.	
Internet Applications :	You can pay online using a valid Visa or Mastercard.	

CAN I OBTAIN A REDUCED FEE CERTIFICATE?

Certificates for Education and Library Board / Social Security purposes can be produced at a reduced fee. **Proof** from the Social Security Agency / Educartion and Library Board must be included with this application.

HELPFUL HINTS

- We cannot supply copies of events registered outside Northern Ireland;
- Please complete the address panel overleaf. This is where we will send the certificate; •
- Please include the year of the event. If there is insufficient information we will search two • years either side of the date supplied;

Please include the appropriate fee. We cannot process your application unless the correct fee is received.

Searching by GRO Staff

If the search is likely to be too time consuming because of lack of information, we cannot undertake the task. The applicant should conduct the search personally or arrange for someone else to search on their behalf, at The General Register Office, 49-55 Chichester Street, Belfast BT1 4HL.

FURTHER ENQUIRIES

If you have any questions or require further information you can contact The General Register Office on (028) 9025 2000.

PLEASE READ THE FOLLOWING NOTES TO HELP YOU COMPLETE THE APPLICATION FORM

THE ATTACHED APPLICATION FORM SHOULD BE COMPLETED IN CAPITAL LETTERS. THE INFORMATION PROVIDED SHOULD BE AS ACCURATE AS POSSIBLE. ALL SECTIONS OF THE APPLICATION FORM SHOULD BE FULLY COMPLETED.

INCOMPLETE APPLICATIONS WILL BE RETURNED

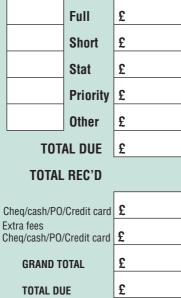
Section 1	Section 1 Applicant (Person Applying)			
	(Box a)	Insert the full name of the person applying for the certificate and the address to which the certificate is to be forwarded. A daytime telephone number should be included, where you can be contacted if necessary.		
	(Box b)	Give the reasons for requiring the certificate ie insurance purposes, family tree etc.		
	(Box c)	Please state your relationship to the deceased.		
Section 2 Details o		Certificate Required		
	(Box a)	Complete the surname and forename(s) of the deceased.		
	(Box b)	State the deceased's usual address.		
	(Box c)	State the date of death.		
(Box d)		State the place of death. Please note deaths before 1922 are difficult to trace if the place of death is not known.		
	(Box e)	State the deceased's date of birth or age at the time of death.		
	(Box f)	Enter the name of the deceased's spouse if he/she was married or widowed at the time of death.		
	(Box g)	Please state deceased's occupation if known.		
	(Box h)	If the death occured within the last three years was the coroner notified? (please tick Yes or No.) Please note: If the death has not been registered we will be unable to provide a certificate.		
Section 3	Number o	f Certificate(s) Required		
		State the number of certificates required.		
(Cost £10)		Where two or more certified copies of the same entry are applied for at the same time, the first copy will be charged at £10 and any additional copies at £5 each.		
Details Supplied:		When an applicant can supply full particulars, the fee will be £5. The following information should be supplied - pre 1973 District, Book and Entry Number/post 1973 Reference Number beginning 'D' and the year)		
Statutory Certifica (Cost £5)	ate:	Proof from the Social Security Agency/Education and Library Board is required. NB. These certificates may only be used for the purposes provided.		
Search Only: (Cost £5)		A search-Only costs £5. A search of the registers will be carried out within the 5 year period stated in this application - No certificate will be produced. However, you will receive a letter stating the outcome of the search.		
Section 4	Signature			
	5	Please sign and date the form whether or not you are paying by credit card.		
Section 5	Payment			
	(Box a)	Indicate your method of payment - cash (if applying in person) cheque, postal order. Cheques or postal orders should be made payable to the Registrar General. For postal applications please ensure the correct fee is enclosed as refunds cannot be made. PLEASE DO NOT SEND CASH BY POST.		
	(Box b)	Complete this section if you are paying by credit card.		

PLEASE FILL IN YOUR NAME AND FULL POSTAL ADDRESS ON THE STICKER, TO ASSIST US IN SENDING OUT YOUR CERTIFICATE PROMPTLY.

	Death Ce	ertificate App	olication	(Northern	Ireland)
IN * Pl	COMPLETE APPLICATIONS ease complete Sections 1, 2, 3	M SHOULD BE FULLY COMPL S WILL BE RETURNED. 3 in CAPITAL letters and sign at P eted for persons who died in Nor	Part 4.		Office Use Date/
Se	ction 1 Applicant (l	Person Applying)		Reference no.	
(a)	Applicant's Full name				(Mr/Mrs/Miss/Ms)
	Full postal address			lestende	_
	Daytime telephone no.		r	Postcode	_
	email address				For purposes of detection and
(b)	Please give reasons for v	vanting a certificate:			prevention of crime,
(0)		nahin ta tha daaaaaad			<i>information relating</i> <i>to this application</i>
(c) 60	Please state your relatio				<i>may be passed on to</i>
	<i>Gliuli 2 Delalis ul G</i> Surname	Certificate required			or Law Enforcement
(a)	Forename(s)				Agencies.
		Please note that deaths befo	ore 1922 are difficult to	trace if the place of death i	is not known.
(b)	Usual Address				_
			F	Postcode	_
(C)	Date of death		(d)	Place of death	
(e)	Date of birth or age at death			years	
(f)		d or widowed at death, pleas	se give the name of s	spouse.	
(g)	Occupation (if known)				If so, has the death
(h)		the last 3 years was the Coro			been registered?
5e	No. of certificates	Certificate(s) require		TATUTORY (£5 ner conv)	Search
_	required	(additional copies of the same entry will cost \$5 each)	(P &	TATUTORY (£5 per copy) roof from SSA/Education Library Board required)	Only (£5 per 5 year period)
	ction 4 Signature (N	lust be completed)			, jour portou)
You	ur signature			Date	
Se	ction 5 Payment				
(a)	l enclose cash (if applyin person), cheque / postal	ng in order for	made payable to REGISTRAR GENER		lications please enclose the efunds cannot be made.)
(b)	or debit my				,
	Switch Visa by	y £ card no.			Issue Number (Switch only)
(Plea	Mastercard	Cardholders name (CAPITAL letters)		expiry
		trar General, Oxford House, 49/	55 Chichester Street. B	elfast BT1 4HL.	
	Tel: (028)	9025 2000 Opening hours	9.30am - 4.00pm (Mo	onday to Friday - excluding I	
	ASE FILL IN YOUR NAME F TIFICATE PROMPTLY.	AND FULL POSTAL ADDRESS	UN THE STICKER BE	LUW, TU ASSIST US IN 3	SENDING OUT YOUK
		Address:			
	AR	lastando:			Were and
	P	'ostcode:			INVESTOR IN PEOPLE

Office Use

First search		Check search Result		
Result			Date	
Notes				
Entry to be offered		Action taken		
Fees		·····		
Number	APP FORM Cashier/	<u>REFUND</u> Refund Sc	hedule No	



£

GR0 41

fees / postage

Refunds / retained

Cashier/	
Completed by	Date
Indexed by	Date
Chasked by	Dete
Checked by	Dale
Stamped by	Date
	Duto

REFUND Refund Schedule No Received by Cashier Date RECEIPT