



Government of Jamaica
Registrar General's Department

Form DTHREQ
Rev. 2004.3

Application for a Certified Copy of Death Certificate

The more accurate information provided the better chance for prompt and accurate service.
Fields outlined in red are mandatory.

I hereby apply for Certified Copy(s) of the Death Certificate issued for:
(Indicate number of copies required in the box)

Deceased's First Name

Deceased's Middle
Name

Deceased's Last Name

Date of Death
- dd-mm-yyyy format

Sex (Indicate by X in appropriate area)
Male female

Place of Death (Hospital, District, Street Address, etc.)

Parish of Death

District of Death

How Did the Person Die? Accidental; Natural; Other; Sudden; Suicide; Violent; Unknown
(Please select the appropriate answer)

Date of Registration
- dd-mm-yyyy format

Registration Number

Place of Registration (Parish)
[Select Parish √]

Place of Registration (District)

Applicant's First Name

Applicant's Middle
Name

Applicant's Last Name

Applicant's Delivery Address (Street)

Applicant's Delivery Address (Line 2)

Applicant's Delivery Address (Town)

Applicant's Delivery Address (Parish) - If In
Jamaica

Applicant's Country

Additional address information required for applicants living outside of Jamaica

Applicant's City

Applicant's State

Applicant's Postcode Zip

**Applicant's Relationship
to Deceased**

Your email address

Telephone Numbers
(Home)
(Work)
(Cell)

Any Special Instructions

Reason for applying

**IF VALID DATA WAS NOT ENTERED IN THE MANDATORY FIELDS THIS APPLICATION
CANNOT BE PROCESSED**