

**APPLICATION FOR ENGLISH TRANSLATION OF  
DEATH CERTIFICATES  
(TO BE FILLED IN BLOCK CAPITALS ONLY)**

2. Name of Applicant & Postal Address: .....

.....

Tel. No.: .....

2. (i) District & Division : .....

3. Number of copies required:   (Only one translated copy will be issued per original certificate. If an additional copy is required 02 originals of the relevant certificate should be submitted with the payment of £.12/50 each.)

1. Date and place of death	
2. Full name	
3. Sex and race	
4. Age	
5. Rank or profession	
6. Parents' full names	
7. Cause of death, and place of burial or cremation	
8. Informant's Full name, residence and capacity for giving information	
9. Informant's signature	
10. Date of registration	
11. Registrar's Signature	

4. I attach herewith the Original Copy of the Entry of which a translation is required.

Date:

.....  
Signature of Applicant