

THE REGISTRAR GENERAL'S DEPARTMENT
P.O.BOX N-532
NASSAU, BAHAMAS

TELEPHONE: (242) 323-0594/5 or 356-6704
FAX: (242) 322-5553

APPLICATION FOR DEATH CERTIFICATE

I desire to have a search made for and * _____ copy/copies supplied from the Register of Death of

(Enter All Names)

A.
Died at (Institution) _____
On the Island of _____
Date of Death _____
Father's full name _____
Mother's Full name _____
Signature of applicant _____
Email of applicant _____

*Insert number of copies required

PAYMENT

CERTIFIED COPIES @ U.S. \$10.00 PER COPY: International Money Order/Bank Draft payable to "THE REGISTRAR GENERAL'S DEPARTMENT."

APOSTILLE FEE @U.S. \$10.00: Cashier's Check/Bank Draft payable to the "PUBLIC TREASURY."

PLEASE DO NOT SUBMIT PERSONAL CHEQUES FOR PAYMENTS.

OFFICIAL USE ONLY

B.
Period searched _____ By _____
Period checked _____ By _____
Certified copies made _____ By _____
Examined by _____ By _____
Copies received by _____
Registration found in year _____ At Page _____

C.
_____ (a) No record of Death can be found on file
_____ (b) Death Record shows information given above to be correct.
_____ (c) Death without name

Indicate with (✓) where appropriate at (a), (b) or (c).