



## REQUEST FOR GRENADA DEATH CERTIFICATE

**Please PRINT information. Do not join letters**

Name of Deceased \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address of Deceased \_\_\_\_\_ Place of Death \_\_\_\_\_  
(Parish) (Parish)

Date of Death \_\_\_\_\_  
(Day-Month-Year)

Name of Applicant \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address of Applicant \_\_\_\_\_  
(Parish)

Fee Enclosed: EC \$10.00 (EC \$7.00 FEE and EC \$3.00 return postage)  
Make International Postal Order payable to  
Deputy Registrar

Return Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSMIT FROM AND FEE TO:**  
**Deputy Registry-General**  
Births, Death and Marriage  
Ministry of Health  
1<sup>st</sup> Floor, Ministerial Complex  
Botanical Garden, Tanteen  
St. George's  
Grenada  
Tel: (473) 440-2806