**Application for a death certificate**

Please complete the form in full and ensure that you provide us with a telephone number to contact you to take the payment. Once you have completed the form please attach this as an email and send to: chesterregisteroffice@cheshirewestandchester.gov.uk

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|  **Applicant’s details** |
| Your full name |  Click here to enter text.  |
| Full postal address including postcode |  Click here to enter text.  |
| Contact telephone number |  Click here to enter text.  |
| Alternative contact telephone number |  Click here to enter text.  |
| Email address |  Click here to enter text.  |
| **Certificate details** |
| Full name of deceased including any middle names and surname |  Click here to enter text.  |
| Date of death (dd/mm/yyyy) |  Click here to enter text.  |
| Date of birth (dd/mm/yyyy) |  Click here to enter text.  |
| Place of death (please provide address if known) |  Click here to enter text.  |
| Deceased last home address |  Click here to enter text.  |
| Last occupation of deceased |  Click here to enter text.  |
| **How would you like to receive the certificate?** |
| **Collect** – please click yes/no using the drop down options. (Chester Register Office only). |  Choose an item.  |
| **Posted** – please click yes/no using the drop down options. (Postage fees apply £2.50 in UK or £3 if abroad).  |  Choose an item.  |
| Please provide the full address including postcode for posting the certificate(s) if different from the address given above in ‘applicant’s details’.  | Click here to enter text. |
| How many certificates do you require? – Please click the number using the drop down options. (**Certificate cost is £10 each**).  | Choose an item. |

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| Application received date: |  | Time: |  | Officer’s initials: |  |
| Payment received date: |  | Time: |  | Fee collected: |  | Debit/ credit card: |  |
| Officer’s initials: |  | Register number: |  | Entry number: |  Certificate number: |
| **Details of non-contact** |
| Attempt one date: |  | Time: |  | Officer’s initials: |  |
| Attempt two date: |  | Time: |  | Officer’s initials: |  |
| **Details of how the customer received their certificate** |
| Date collected from Chester Register Office: |  | Date posted: |  |

**For official use only**