



THE BIRTHS AND DEATHS REGISTRATION ACT

CORRECTION OF ERROR (DEATH) APPLICATION

I NEED (# of copies) of the death certificate for the following individual:

First Name of Deceased

Middle Name(s)

Surname

Sex of Deceased:

Male

Female

Date of Death (dd/ mm/ yyyy)

Place of Death (Hospital Name or Home Address)

(Parish of Death)

(District of Death)

Death entry number

Date of Registration (dd/ mm/ yyyy)

How did the person die? (Tick the box that applies):

Violently

Suddenly

Accidentally

Natural Causes

APPLICANT'S INFORMATION

Full Name:	TRN:
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Street Address/ Town/City, Zip Code, Country:

Relationship to individual:	Email Address:
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Reason for applying (please tick): <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Other	Telephone number: _____ (cell) _____ (home) _____ (work)
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Signature of Applicant:	Date of Application:
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Statutory Declaration Form for Correction of Error

(Declarant 1)

This Declaration is made to correct an error on a **DEATH Certificate**.

This certificate belongs to: _____
(State full name here)

Date of Death: _____ / _____ / _____
Day Month Year

Registration DEATH Entry Number: _____

Place of REGISTRATION: _____

Where is the error located on the certificate (line #)?	What is the error?	What should the correction be?

State the reasons for the error:

That I wish to amend any other errors cited by the Registrar General's Department(RGD) after discussion with RGD. Yes No

Full Name of Declarant:.....

Address of Declarant.....

..... Declarant's Relationship to the individual..... Age.....

--	--	--	--	--	--	--	--	--	--	--	--

..... ID Type attached

[Taxpayer Registration Number (TRN)]

..... ID No.

Contact#_____ Email Address: _____

AND I make this solemn declaration conscientiously believing the same to be true under

and by virtue of the Voluntary Declarations Act.

TAKEN AND ACKNOWLEDGED

By the said)
At) Declarant's Signature
In the parish of)
This day of 20)
In the presence of)
)
.....)
.....)
JUSTICE OF THE PEACE /NOTARY PUBLIC

MARKSMAN CLAUSE

(This Section to be used only when Declarant is unable to sign due to illness or illiteracy)

AND I/WE make this solemn declaration conscientiously believing the same to be true under and by virtue of the Voluntary Declarations Act.

If the individual is unable to read or write by reason of illiteracy or illness.

Signed by

Name of Declarant

Signature/Mark

After the same was read over and explained to him or her and who expressed themselves as understanding the nature and effects of the contents.

In the presence of:

Name of Justice of Peace/Notary Public

JP/Notary Public Signature & Seal

Parish /State/Province

Date



Statutory Declaration Form for Correction of Error (Declarant 2)

This Declaration is made to correct an error on a **DEATH Certificate**.

This certificate belongs to:
(State full name here)

Date of Death: _____ / _____ / _____
Day Month Year

Registration Birth Entry Number: _____

Place of REGISTRATION: _____

Where is the error located on the certificate (line #)?	What is the error?	What should the correction be?

State the reasons for the error:

1. **What is the primary purpose of the study?**

2. **What is the study's hypothesis or research question?**

3. **What is the study's design and methodology?**

4. **What are the study's key findings and conclusions?**

5. **What are the study's limitations and future directions?**

That I wish to amend any other errors cited by the Registrar General's Department(RGD) after discussion with RGD. Yes No

Yes No

Full Name of Declarant:.....

Address of Declarant.....

Declarant's Relationship to the individual.....Age.....

..... - -

ID Type attached

[Taxpayer Registration Number (TRN)]

ID No.

Contact# _____ Email Address: _____

AND I make this solemn declaration conscientiously believing the same to be true under

and by virtue of the Voluntary Declarations Act.

TAKEN AND ACKNOWLEDGED

By the said)
At) Declarant's Signature
In the parish of)
This day of 20)
In the presence of)
)
.....)
.....)
JUSTICE OF THE PEACE /NOTARY PUBLIC

MARKSMAN CLAUSE

(This Section to be used only when Declarant is unable to sign due to illness or illiteracy)

AND I/WE make this solemn declaration conscientiously believing the same to be true under and by virtue of the Voluntary Declarations Act.

If the individual is unable to read or write by reason of illiteracy or illness.

Signed by

Name of Declarant

Signature/Mark

After the same was read over and explained to him or her and who expressed themselves as understanding the nature and effects of the contents.

In the presence of:

Name of Justice of Peace/Notary Public

JP/Notary Public Signature & Seal

Parish /State/Province

Date