

Form Search Questionnaire (Death)

1. Applicant's Name and Relationship to the Deceased: _____
2. Name of Deceased: _____
3. Pet Name of Deceased _____
4. Has the deceased ever changed his/her name via deed poll? ____ If yes, state name _____
5. Date of Death: _____
6. Parish of Death: _____
7. Exact Place of Death: _____
(Name of Hospital or Home Address)
8. How did the death occur (Natural, sudden and violent or accident)? _____
9. Who issued the burial order that allowed the body to be buried (Police or RGD)? _____
10. Was the death registered? _____ If yes, in which year? _____
11. Residence of the deceased at time of death: _____
12. Possible Registration Districts (Border Districts):

13. Nearest Post Office to District: _____
14. Age at time of death: _____
15. Condition at time of death (Single, Married, Divorced, etc): _____
16. Occupation at time of death: _____
17. Have you ever had a death certificate for the deceased? _____
18. If yes to question 16, when did you first receive/use this death certificate and for what purpose?

19. When was the last time you received a death certificate from the RGD and for what purpose?

20. Any other information that can assist with the search _____
