



THE BIRTHS AND DEATHS REGISTRATION ACT

CORRECTION OF ERROR (DEATH) APPLICATION		
I NEED <input type="text"/> (# of copies) of the death certificate for the following individual:		
First Name of Deceased	Middle Name(s)	Surname
Date of Death (dd/ mm/ yyyy)	Sex of Deceased:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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):		
<input type="checkbox"/> Violently	<input type="checkbox"/> Suddenly	<input type="checkbox"/> Accidentally <input type="checkbox"/> Natural Causes

APPLICANT'S INFORMATION	
Full Name:	TRN:
Street Address/ Town/City, Zip Code, Country:	
Relationship to individual:	Email Address:
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)
Signature of Applicant:	Date of Application:



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: _____
Parish District

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

State the reasons for the error:

[Empty rectangular box for stating 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.....

[Taxpayer Registration Number (TRN) grid with 10 cells and dashes in the 4th and 7th cells]

.....
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)
 In the parish of)
 This day of 20)
 In the presence of)
)
)

Declarant's Signature

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: _____
Parish District

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

State the reasons for the error:

[Empty rectangular box for stating 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.....

[Taxpayer Registration Number (TRN) grid with 10 columns and 2 rows, containing dashes in the 4th and 7th columns]

.....
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)
 In the parish of)
 This day of 20)
 In the presence of)
)
)

Declarant's Signature

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