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## **NEVIS ISLAND ADMINISTRATION**

## Registrar General Department

Administration Building	Tel: (869) 469 5521 Ext. 2054	
Main Street	Fax: (869) 469 5629	
Charlestown	Email:Registrargeneralnev@niagov.com	
Nevis		
	CERTIFICATE APPLICATION	
#		
Name of Deceased:		
(0	Christian Name (s) and Surname)	
Date of Death:		
	DD/MM/YYYY)	
Parish/Place of Death:		
NI CA I		
Name of Applicant:	Person applying for Death Certificate)	
Signature:	Date:	
Contact Information: Telephone:	Email	
	ove address with a copy of a valid photo ID and the required fee (s).  Il Money Order (pink colored) or Bank Draft	
Office Use Only		
Date Received:	Payment Fee (s) Received () Yes () No	
Date: Processed & Mailed	#	