

UPPER DENKYIRA EAST MUNICIPAL ASSEMBLY DEPARTMENT OF BIRTH AND DEATH

REQUIREMENT FOR BIRTH CERTIFICATE APPLICATION

CALL CLIENT SERVICE ON [0322191104](tel:0322191104) FOR CLARIFICATION

NAME OF APPLICANT: (FIRST NAME FIRST SURNAME LAST)

.....

DATE OF BIRTH.....

PLACE OF BIRTH.....

MOTHER'S NAME.....

MOTHER'S AGE.....

MOTHER'S OCCUPATION.....

MOTHER'S GHANA CARD.....

FATHER'S NAME.....

FATHER'S AGE.....

FATHER'S OCCUPATION.....

FATHER'S GHANA CARD.....

INFORMANT FROM AGE (1)/WITNESS

NB: FILL THIS FORM, SUBMIT TO THE CLIENT SERVICE UNIT FOR ONWARD PROCESSING: KINDLY BRING ID's FOR VERIFICATION.

DO NOT PAY MONEY TO MIDDLE MEN

THIS IS FOR AGE ONE (1) AND ABOVE

THANK YOU.

UPPER DENKYIRA EAST MUNICIPAL ASSEMBLY DEPARTMENT OF BIRTH AND DEATH

REQUIREMENT FOR DEATH CERTIFICATE APPLICATION

CALL CLIENT SERVICE ON [0322191104](tel:0322191104) FOR CLARIFICATION

NAME OF DECEASED.....
DATE OF DEATH
AGE OF DECEASED
MARITAL STATUS OF THE DECEASED.....
EDUCATIONAL LEVEL OF THE DECEASED.....
OCCUPATION OF THE DECEASED.....
PLACE OF RESIDENCE OF THE DECEASED.....
PLACE OF DEATH.....
PLACE OF BURIAL.....
NAME OF EXAMINER (IF YES)
CAUSE OF DEATH.....
QUALIFICATION OF EXAMINER
INFORMANT/WITNESS.....

NB: FILL THIS FORM, SUBMIT TO THE CLIENT SERVICE UNIT FOR ONWARD PROCESSING: KINDLY BRING ID'S FOR VERIFICATION.

DO NOT PAY MONEY TO MIDDLE MEN

PLEASE FIND DETAILED SAMPLE FORM BELOW

THANK YOU.