APPLICATION FOR (DEATH) CERTIFICATE

То

The Register of Births & Deaths –cum-Executive Officer, Hinjilicut Municipality



ISSUE OF DEATH CERTIFICATE

I Submit herewith the following particulars for issue of Death Certificate on payment.

- 1. Name of the Deceased : (In CAPITAL)
- 2. Name of Father / Husband : (In CAPITAL)

3. Date of Death	:	D D M M Y Y Y Y
4. Sex	:	Male Female
5. Place of Death	:	
6. Permanent Address	:	

UNDERTAKE

I do hereby authorised the office bearer to deposit the treasury challan on my behalf.

Date:

Full Signature of Applicant & Relation of child with Identity Proof

FOR OFFICE USE

Registration No.:_____Date:___/__/