

CHANDIGARH ADMINISTRATION
AFFIDAVIT
(Correction in the Death Report)



I, s/o

Resident of

Do Solemnly affirm and declare as under:-

That Sh. / Smt. S/o

Resident of

Admitted and died

2. That the Name of the deceased Sh

S/o, w/o

Wrongly been mentioned as Pet/nick Name in the Hospital record.

3. That the body of Sh. /Smt. S/o, w/o,

was cremated And

The Name of the deceased Mentioned there as

4. That the correct and full Name of the deceased Is


s/o, w/o Is as

5. That Sh. is the real Natural

Son of Sh. and was Adopted by

Sh. s/o Or

Sh. s/o



B. That Smt. w/o

Has neither been acquired either by S/o

6. That the no person Named in family.

That Sh/Smt. is knows Both

The Names as in his/her family.

Place

Dated

DEPONENT

Verification:

The contents of the above statement true and correct to the best of my knowledge belief and nothing has been concealed therein.

DEPONENT