



CHANDIGARH ADMINISTRATION
GOVERNMENT REGISTRAR BIRTH & DEATH



AFFIDAVIT
SPECIMEN OF REGISTRATION OF DEATH

I----- S/O resident of H.NO-----do hereby affirm and decline as under:-

1. That my father /mother /wife/sh./ smt.-----
s/o/w/o sh.-----r/o-----died
on -----

2. That the death event of sh./ smt .-----s/o/w/o sh.-----
died on-----couldn't be reported Registered, Births& death ,Chandigarh due to
some unavoidable circumstances
- 3 That sh./Smt -----s/o/w/o
sh.-----was suffered from

4. That body of sh./ smt .-----s/o/w/o sh
-----was cremated at cremation ground
sector -----on-----
5. That is prayed the death event of sh./ smt .-----
may be registered in the record of death of Chandigarh.

DEPONENT

VERIFICATION: - verified that the contents of this affidavit are true and correct
to the best of knowledge and belief and nothing has been concealed therein.

DEPONENT

CHANDIGARH

DATED-----/------/------