# APPLICATION FOR DEATH CERTIFICATE

## APPLICANT INFORMATION-Print (bold letters) or type

| 1 Name of Applicant – First Name | Middle Name/Initials | Last / Surname | |
|---|---|---|---|

| 2 Address: Number, street, locality | City/Town/Village | Dt/Taluk/PO | State | Pin code |
|---|---|---|---|---|

| 3 Telephone Number | 4 Purpose for which certificate is to be used. | 5 Relationship with deceased |
|---|---|---|

| 6 Name of person receiving certificate(s), if different from applicant | 7 Number of copies | 8 Amount paid |
|---|---|---|

## CERTIFICATE INFORMATION – Print (bold letters) or type

| 9 Name of the Deceased – First Name | Middle Name/Initials | Last/Surname |
|---|---|---|

| 10 Name of the Father/Husband – First Name | Middle Name/Initials | Last/Surname |
|---|---|---|

| 11 Age | 12 Date of Death dd mm yyyy / / | 13 Sex □ Female □ Male | 14 Place of Death □ Hospital □ Other |
|---|---|---|---|

| 15 Place of Death (Full address) | City | State | Pin code |
|---|---|---|---|

| 16 Name of the Hospital (If died in hospital) | 17 Date of Registration (If available) | 18 Registration Number (if available) |
|---|---|---|

## DECLARATION

I hereby state that the above information is true and request for the certificate.

| 19 Date: dd mm yyyy / / | 20 Signature / Left thumb print |
|---|---|

## DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

| 21 Name of SHO | 22 Registration Number |
|---|---|
| 23 Date of event: dd mm yyyy / / | 24 Signature of the concerned case worker |