

No.....

ASANSOL MUNICIPAL CORPORATION

FORM OF APPLICATION FOR DEATH CERTIFICATE

To
The _____
ASANSOL MUNICIPAL CORPORATION

Affix here
25 P. Court fees
Stamp.

Respected Sir,

I am furnishing below the particulars of death for obtaining the death certificate:

1. Date of application _____
2. Name and residence of applicant _____

3. Name of the deceased _____
4. Name of the deceased father / husband _____
5. Date of death _____
6. Age at death _____
7. Place of death _____
8. Cause of death _____
[Please enclose here with the post mortem report in the case of accidental death]
9. Date of Registration _____
10. Ordinary searching fee deposited _____
11. Deposited Rs. _____ vide M.R.No. _____

Name of the applicant (In Block Letter)

Address:

Signature of the applicant

S.o/ W.o.

Name of the applicant:

No.....

Date of application:

Fees Receiving Date:

Monday, Wednesday, Friday
10.30 A.M to 2 P.M.

Signature of the receiving clerk
with office seal and date