

Form No: 23H	No.:
To The Chief Municipal Health Officer The Kolkata Municipal Corporation	
Required a certified extract form the l	Death Register in respect of the following:
 Name: Age: Sex: Caste: Profession: Place of death: Date of Registration: Place where the body was disp (Wooden or Electric Furnace in 10. No of copies required: Fee paid Rs: 	posed of : in case of Keoratola & Nimtala) Signature of applicant
Name of address:	
Date	
SCALE OF FEE	

FOR BIRTH & DEATH REGISTRATION CERTIFICATE

50/-10/-

Certified extract in respect of one person. Fee per additional copy Searching fee when definite date & place are not given. Fee per year