

**AGARTALA MUNICIPAL COUNCIL**

**AGARTALA**

**FORM OF APPLICATION FOR ISSUING OF DEATH REGISTRATION CERTIFICATE**

1. Name of the Deceased (Block letter):-
2. Sex :-Male/Female
3. Date of death :-
4. Date of autopsy :-
5. Place of death :-
6. Place of burning/buried :-
7. Cause of death :-
8. Name of father/ husband of the deceased :-
9. Address of the deceased (a) Present:-  
(b) Permanent:-
10. Relationship of the deceased  
with the applicant :-
11. Agartala Municipal ward No. :-

Signature of applicant  
with date.

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**List of documents to be enclosed duly attested by the Gazetted officer**

1. Original copy of the death certificate issued from Hospital/ Nursing home.
2. Death certificate in original from Govt. recognized medical practitioner in form No.8 in case of home death.
3. Original cremation certificate is required if not burnt under A.M.C recognized cremation ground/buried ground.
4. Attested copy of the F.I.R and Post Mortem report case of an unnatural death(UD cases).
5. In case of duplicate certificate /record of F.I.R/G.D. entry in the nearest Police station /Police outpost.
6. Attested copy of the citizenship certificate/Ration card/ Voter Identity card/or Service Identity card of the deceased.

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**(For office use only)**

1. Scrutinized the enclosed documents with the filled-in column above and found correct.
2. Prescribed fee deposited for amount of Rs.\_\_\_\_\_ vide receipt No.\_\_\_\_\_ dated \_\_\_\_\_.
3. Cremated at Battala/\_\_\_\_\_ Cremation ground regd. No.\_\_\_\_\_ Dated \_\_\_\_\_
4. Registered under No. \_\_\_\_\_ dated \_\_\_\_\_
5. Recommended for the registration and issuing certificate.

Dealing Assistant  
Signature of the section incharge  
Public Health section.A.M.C.

**ORDER OF THE ISSUING AUTHORITY**

Health Officer  
Registrar Birth & Death  
Agartala Municipal Council