

APPLICATION FORM (DEATH)

To

**The Registrar of Birth and Death and
City Health Officer,
Notified Area Council, Kuchinda.**

Sub: Issue of DEATH CERTIFICATE.

Madam / Sir,

I submit herewith the following particulars for issue of Death Certificate on payment.

1. Name of Deceased (in full): _____
(in Capital Letter)
2. Name of Father/Husband _____
3. Place of Death _____
4. Date of Death
5. Sex of Deceased Male Female
6. Permanent Address of Deceased _____

7. Applicant's Relation with Deceased _____
8. Present Address of Applicant _____

Signature of the Applicant

For Office Use

Regd. No _____ Date _____ Vol.No: _____

Challan No _____ Date _____