

APPLICATION FORM FOR DEATH CERTIFICATE

To,

The Registrar of Birth and Deaths and Health officer
Dhenkanal Municipality.

Sub :- Issue of Death Certificate.

Sir/Madam,

I am submitting herewith the following particulars for issue of Death Certificate under
Section - 12/17 (..... copy/copies)

1. Name of the Deceased in Full
(Capital Letter) :-
2. Name of the Father / Husband :-
3. Sex of Deceased :-
4. Date of Death :-
5. Place of Death :-
6. Permanent address of parents : At P.O.
P.S. : Dist : State
7. Relationship of applicant with deceased :

Place :

Date :

Full Signature of Father / Mother / Guardian

Permanent Address : At.....

P.O. P.S.

Dist State

FOR OFFICE USE

Registration No. _____ Date _____ Volume _____ Year _____

Challan No. _____ Date _____ Receipt Book No. _____ Receipt No. _____

Date _____ Fees realised Rs. _____ (Rupees) only.

Signature of Registrar with official seal