



APPLICATION FOR DEATH CERTIFICATE
(Write in Capital Letters)

CIRCLE / LOCALITY:

- 1. Date of Death:**
- 2. Name of the Deceased:**
- 3. Sex of the Deceased:**
- 4. Name of the Father of the deceased:**
- 5. Name of the Mother:**
- 6. Place of Death:**

(Tick the appropriate entry a, b, c below and give the name of the Hospital/Institute or the Address of the House where the Death took place. If other place gives location)

a) Hospital/Institution Name:

b) House Address:

c) Other place:

7. No. of Copies Required:

- 8 a) Do you want the Death Certificate by Courier- Yes / No.**
- b) If Yes give Name and Address with Pin Code**

Name & address.

(Signature of the Applicant)

Telephone No:

Note: - Death certificate will be issued subject to entry found Registered with **GHMC** records.