



**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 give 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 **in DEATH**

**RECORDS-C&DMA/PANCHYATS.**

**Documents Required :**

1. Application Form \* ( **NOT MANDATORY FOR CITIZEN LOGIN** )