

APPLICATION FORM FOR DEATH CERTIFICATE

To,

**The Register of Births & Deaths,
Medical Officer/ Health Officer/Executive Officer**

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Sub: Issue of Death Certificate.

Sir/Madam,

I submit the following particulars required for issue of Death Certificate under section 10 (1) A & (13) IC of RBD Act 1969 and Corresponding state rules.

1. Name of the Deceased (Capital Letters) :
2. Name of the Father (Capital Letters) :
3. Name of the Mother (Capital Letters) :
4. Date of death :
5. Present Address :
6. Sex :
7. Place of Death :
8. Permanent Address :

Full Signature of father/Mother/Guardian

FOR OFFICE USE ONLY

1. Regd. No. |
2. Date |
3. Vol. No. |
4. Fees Collection Rs..... |
5. Challan No..... |
6. Date..... |