



# **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