


***For office use only:***

Paid Rs.

Date

Remarks of dealing clerk with initials



**APPLICATION FOR BIRTH / DEATH CERTIFICATE**

Cont. No

Applicant Name:

Date:

Address: H.No:

To,  
The Registrar of Births & Deaths,  
V.P. Chicalim Goa.

Number of Copies:

***Sub: Request to issue Birth / Death Certificate.***

Sir / Madam,

It is kindly requested to issue Birth / Death certificate, of the person whose details are furnished below:-

1. Name:
2. Fathers Name:
3. Mothers Name:
4. Date of Birth / Death:                      Registration No
5. Place of Birth / Death Registered at:

Yours faithfully

Name & Signature: