

DEATH CERTIFICATE

Issued by the Municipal Records Authority

Certificate No: DC-00050

Issue Date: 28-05-2025

Deceased Information:

Full Name: Ravi Kumar

Date of Death: 18-11-2024

Time of Death: 03:45 AM

Place of Death: Apollo Hospital, Mysuru

Applicant Details:

Relation to Deceased: Friend

Address: 123 Street, 13th Ward, Magge, Hassan