

Application for Issue of Death Certificate(s)**FOR OFFICE USE ONLY**

To

The Sub Registrar,
Births and Deaths,
GMCH-32, Chandigarh.

Total Amount : _____

Number of Copies : _____

Receipt Number : _____

Dated : ____/____/____

Sir,

Kindly issue me the Death Certificate(s) as per details given below :—

1. Date of Death (dd/mm/yyyy) : _____/_____/_____
2. Sex : Male/Female (Tick any one)
3. Full Name of the Deceased : _____
(UID No. of the Deceased, if any)
4. Place of Death (Complete Address) : _____

5. Father's Name of the Deceased : _____
(UID No. _____, if any)
6. Name of Mother of the Deceased
(UID No. _____, if any)
7. Name of Husband/Wife of the Deceased
(UID No. _____, if any)
8. Residential Address at the time of Death : _____
9. Permanent Address at the time of Death : _____
10. Place of Cremation : _____
11. C.R. No. if the deceased was admitted in the Hospital : _____
12. Relation of Applicant with Deceased (Father/Mother/Relative) : _____
13. Registration Number (if applicant knows) : _____
14. Registration Date (if applicant knows) : _____

Kindly issue me _____ Copy(s) of Death Certificate.

Yours faithfully,

Signature : _____ Name & Address with Contact Number :

FOR OFFICE USE ONLY**Corrected Particulars with the date of correction :**

Name of Deceased : _____

Sex _____

Date of Death : _____/_____/_____

Permanent Address at the time of Death : _____

Father's/Husband's Name : _____

Name of Mother of the Deceased : _____

Place of Death : _____ (DOC : ____/____/____)

DOC-Date of Correction