



## **Late Registration of Death Application Form**

To The Revenue Divisional Officer,  Division, District.	
Respected Sir,	
Sub: - Request for Issue of the Death Registration of myre	garding.
I,S/O / D/O / F/O / M/O / W/O	,
Age years, occupation:, R/o H.No, Near,	Mandal,
Dist. Andhra Pradesh submit the following few lines for your kind perusal and sy consideration please.	
That my name is Age	
on	formation regarding ration Authority of
Birth & Death Register of Mandal/Municipality.  That my Family requires death certificate for purpose urgently.  I enclosed here with Non availability certificate issued by the GP or Municipal Commissione and Self Affidavit.	
Therefore I request you kindly to issue necessary orders to Commis Council to record date of death of my and issue Death Certificantlest.	-
Contact Details:  Landline Number:  Mobile No:  Signature of the App Email ID:	

## **Procedure: (following to be enclosed)**

- Physical Document\*
   Non availability certificate issued by the GP or Municipal Commissioner#
- 3) Ration card copy#
- 4) Self Affidavit#

<sup>\*-</sup>mandatory # -any one of them