



**CHANDIGARH ADMINISTRATION
REGISTRAR BIRTH AND DEATH**



Application for Issue of Death Certificate(s)

FOR OFFICE USE ONLY

To

The Registrar,
Births and Deaths,
U.T., Chandigarh.

Sir,

Total Amount _____

Number of Copies _____

Receipt Number _____

Dated : ____/____/____

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

1. Date of Death (dd/mm/yyyy): ____/____/____
2. Sex : Male ☐ Female ☐ (Tick ☐ one)
3. Full Name of the Deceased: _____
4. Place of Death (Complete Address) : _____

5. Father's Husband's Name of the Deceased: _____
6. Permanent Address at the time of admission in Hospital: _____

7. Place of Cremation: _____
8. C.R. No. if the deceased was admitted in the Hospital : _____
9. Relation of Applicant with Deceased (Father/Mother/Relative): _____
10. Registration Number (if applicant knows) _____



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11. Name of Death (with application on bond Paper) _____

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Instructions to Dealing Hand in case of any correction filed by the applicant :

Corrected Particulars with the date of correction:

Name of Deceased: _____

Sex: _____ (DOC: ____/____/____)

Date of Death: ____/____/____ (DOC: ____/____/____)

Father's/Husband's Name: _____ (DOC: ____/____/____)

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

DOC - Date of Correction

Signature of Receiver with Date of receiving _____/____/____