## DECLARATION BY CLOSE RELATIVE/FAMILY MEMBER FOR OBTAINING DEATH CERTIFICATE

(To be reported within 21 days of occurrence of the event)

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1. Shri/N			exact					Death nale/Transge	of ender)
son/da	aughter/s	pouse	of		•••••	who	died	at (con	
2. Tha	t the nam	ne of Fath	ner of the a	bove decea	sed is	•••••			
3. Tha	t the nam	ne of mot	her of the a	above decea	ased is				
4. Tha	at the nar	ne of spo	ouse of the a	above decea	ased is				
has be	en conce	aled ther		of fraud ev	ent, action	n may be	initiated	belief and n I against me 969.	_
_	ure of Rel ull name	lative (i.e	e. informan	t)					
	on with de	eceased:							
Mob. N e-mail	lo id(if any)	<b>)</b> :							