APPLICATION FOR DEATH CERTIFICATE
(Write in Capital Letters)

CIRCLE / LOCALITY : 

1. Date Of Death : 

2. Name of the Deceased : 

3. Sex of the Deceased : 

4. Name of the Father of the deceased: 

5. Name of the Mother : 

6. Place of Death : 

(Tick the appropriate entry a, b, c below and give the name of the Hospital/Institute or the Address of the House where the Death took place. If other place give location)

   a) Hospital/Institution Name : 
   b) House Address : 
   c) Other place : 

7. No.of Copies Required : 

8 a) Do you want the Death Certificate by Courier- Yes / No. 
   b) If Yes give Name and Address with Pin Code

Name & address. (Signature of the Applicant)

Telephone No:

Note:- Death certificate will be issued subject to entry found Registered with GHMC records.

CSC Transaction No: CSC Transaction Date: