

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: