**AGARTALA MUNICIPAL CORPORATION**  
**CITY CENTRE – PARADISE CHOWMUHANI, AGARTALA**  
**TRIPURA-799001**  
**FORM OF APPLICATION FOR ISSUING OF DEATH REGISTRATION CERTIFICATE**  
(Downloaded from the official site of Agartala Municipal Corporation)

1. Name of the Deceased (Block letter):-  
2. Sex :-Male/Female  
3. Date of Death:  
4. Date of Autopsy :  
5. Place of Death:  
6. Place of Burning/Buried:  
7. Cause of Death:-  
8. Name of Father/ Husband of the deceased: -  
9. Name of Mother of the deceased: -  
10. Name of Husband /wife of Deceased:-  
11. Address of the deceased  
(a) Present: -  
(b) Permanent:-  
12. Relationship of the deceased  
with the applicant :-  
13. Agartala Municipal Ward No:-  

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**Signature of applicant**  
with date.

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**List of documents to be enclosed with Acknowledgement**

1. Original copy of the Death Certificate issued from Hospital/ Nursing home.  
2. Death Certificate in original from Govt. recognized medical practitioner in form No.4A  
   in case of home death.  
3. Original cremation certificate is required if not burnt under A.M.C recognized  
   Cremation Ground/Burial ground.  
4. copy of the F.I.R and Post Mortem certificate along with cases of deaths certificate  
   report in case of an unnatural death (UD cases).  
5. In case of duplicate certificate /record of F.I.R/G.D. entry in the nearest Police  
   Station /Police outpost.  
6. The citizenship certificate/Ration card/ Voter Identity card/Aadhar card / Pan card  
   Service Identity card of the deceased, as applicant  

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_NO (For office use only)

1. Scrutinized the enclosed documents with the filled-in column above and found  
   correct.  
2. Prescribed fee deposited for amount of Rs.________ vide receipt No.________  
   dated _______.  
3. Cremated at Battala/________ Cremation ground regd. No._______ Dated_______  
4. Registered under No.________________________ dated _______.  
5. Recommended for the registration and issuing certificate.  

Dealing Assistant’s Signature  
Public Health Section A.M.C.  

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Signature of Section In charge  
Public Health Section (A.M.C)  

ORDER OF THE ISSUING AUTHORITY  
Health Officer (Registrar Birth & Death)  
Agartala Municipal Corporation

(Rs. 5/- to be paid during submission of this Application Form)

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**List of documents to be enclosed duly attested by the Gazetted officer**

1. Original copy of the Death Certificate issued from Hospital/ Nursing home.  
7. Affidant from 1st class Magistrate or Notary public in case of information submitted after 30days from date of deaths (in case  
   of home /unnatural death)  
8. Permission of the Sub-Divisional Magistrate in case of information submitted after 01(one) year from the date of death (in  
   case of home /unnatural death)