



APPLICATION FORM (DEATH)

To
The Registrar of Birth & Death
Joda Municipality, Joda

Sub : Issue of DEATH CERTIFICATE

Madam/Sir,

I submit herewith the following particulars for issue of Death Certificate on payment.

1. Name of the Deceased (in full) : _____
(In Capital letter)
2. Name of the Father/Husband : _____
3. Place of Death : _____
4. Date of Death :
5. Sex of Deceased : Male Female
6. Permanent Address of Deceased : _____

7. Applicant's Relation with Deceased : _____
8. Present Address of Applicant : _____

Signature of the Applicant

<u>For Office Use</u>	
Regd. No. _____	Date _____ Vol.No. _____
Challan No. _____	Date _____