

Application for Issue of Death Certificate(s)

To

The Registrar,
Births & Deaths
M.C., Chandigarh

Sir,

Kindly issue me the death certificate(s) as per details given below:-

FOR OFFICE USE ONLY

Total Amount: _____

Number of Copies _____

Receipt number _____

Dated: ____/____/____

1. Date of death(dd/mm/yyyy): ____/____/____
2. Sex: Male/Female/Transgender (Tick any one)
3. Full Name of Deceased : _____
UID No. _____ (if any)
4. Place of Death(Complete Address) _____

5. Father's/Husband's Name of the Deceased _____
UID No. _____ (if any)
6. Name of Mother of the Deceased _____
UID No. _____ (if any)
7. Name of Wife of the Deceased _____
UID No. _____ (if any)
8. Residential Address at the time of Death _____
9. Permanent Address at the time of Death _____
10. Place of Cremation _____
11. C.R. No. if the deceased was admitted in the Hospital _____
12. Relation of applicant with Deceased (Father/Mother/Relative)Son/Wife _____
13. Registration Number (if applicant knows) _____
14. Registration Date(If applicant knows) _____

Kindly issue me _____ Copy(s) of Death Certificate.

Yours Faithfully,

Signature: _____ Name (with ID proof) & Address
contact Number _____

FOR OFFICE USE ONLY**Corrected Particulars with the date of correction:**

Name of Deceased _____

Sex _____

Date of Death ____/____/____

Permanent Address at the time of death _____

Father's/Husband's Name: _____

Name of Mother of the Deceased _____

Place of Death: _____ (DOC: ____/____/____)

If any correction Yes ☐ No ☐