



APPLICATION FORM (DEATH)

To
The Registrar Birth and Death and,
Executive Officer,
Udala N.A.C., Udala
Mayurbhanj.

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 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 Applicant

*******For Office Use*******

Regd. No : _____ Date : _____ Vol.No: _____

Challan No : _____ Date _____

****NB** : Name of the child once recorded can not be changed.