

FORM – 025

_____ MUNICIPALITY / CORPORATION

**APPLICATION FOR DEATH CERTIFICATE
(Write in Capital Letters)**

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 in Municipal records.