

Application for Death Certificate

Applicant Details

1. Form to be filled legibly in English in BLOCK LETTERS * 2) Fields marked with an (*) are compulsory.

Applicant's Name*: _____

Address*: _____

Aadhaar No.: _____

Date of Application : _____ Mobile No.*: _____

Death Details (As believed to be Recorded at the time of Registration)

Name*: _____
(First name) (Middle name) (Last name)

Father's Name*: _____
(First name) (Middle name) (Last name)

Mother's Name*: _____
(First name) (Middle name) (Last name)

Husband/Wife Name: _____
(First name) (Middle name) (Last name)

Grandfather's Name: _____
(First name) (Middle name) (Last name)

Grandmother's Name: _____
(First name) (Middle name) (Last name)

Date of Death*: _____

Place of Death: _____

Relation with the applicant*: _____

Address : _____

Date of Death Registration:

--	--	--	--	--	--	--	--	--	--

Death Registration No. : _____

Place of Death Registration* : _____

Consent To Aadhaar

I, holder of Aadhaar card, hereby give my consent to Civil Registrar cum Sub-Registrar _____ to obtain my aadhar number, name and fingerprints/iris for authentication with UIDAI, for obtaining tear details of _____
Civil Registrar cum Sub-Registrar has informed me that my identity information would only be used for the purpose of availing scheme benefit and also informed that my biometrics will not be stored/shared and will be submitted to Central Identities Data Repository (CIDR) only for the purpose of authentication.

Declaration

I the undersigned Shri/Smt _____ declare that this information is complete and true to the best of my knowledge.

Place: _____

(Applicant's signature)

Date: _____