

Correction Application for Death Teor/Certificate

Applicant Details

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

Applicant's Name *:

Aadhar No. :

Address*:

Date of Application :

Mobile No.*:

Tick wherever proposed correction are required in the existing Teor document

Name

Father's
Name

Mother's
Name

Husband's
Name

Wife's Name

Date of Death

Grandfather's Name

Grandmother's Name

Existing Name *:

(First name)

(Middle name)

(Last name)

Proposed Name:

(First name)

(Middle name)

(Last name)

Existing Father's Name *:

(First name)

(Middle name)

(Last name)

Proposed Father's Name:

(First name)

(Middle name)

(Last name)

Existing Mother's Name*:

(First name)

(Middle name)

(Last name)

Proposed Mother's Name:

(First name)

(Middle name)

(Last name)

Existing Husband/Wife Name:

(First name)

(Middle name)

(Last name)

Proposed Husband/Wife Name:

(First name)

(Middle name)

(Last name)

Existing Grandfather's Name:

(First name)

(Middle name)

(Last name)

Proposed Grandfather's Name:

(First name)

(Middle name)

(Last name)

Existing Grandmother's Name:

(First name)

(Middle name)

(Last name)

Proposed Grandmother's Name:

(First name)

(Middle name)

(Last name)

Place of Death:

Death Registration No. :

Date of Death Registration:

Place of Death Registration *:

Relation with the applicant*:

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 teor 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: _____

