



Puri Municipality

APPLICATION FORM (DEATH)

To

The Registrar of Birth and Death and
Health Officer,
Puri Municipality,
Puri.

Sub: Issue of DEATH CERTIFICATE.

Madam / Sir,

I submit herewith the following particulars for issue of Death Certificate on payment.

1. Name of Deceased (in full) : _____
(in Capital Letter)

2. Name of Father/Husband : _____

3. Place of Death : _____

4. Date of Death :

5. Sex : 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 _____