



# ಬಿಜಾಪುರ ನಗರಸಭೆ

## BIJAPUR CMC

UDD-HE-E-F-JUL05-111  
Statistics Registration  
Health Department

### APPLICATION FOR DEATH CERTIFICATE

#### APPLICANT INFORMATION - Print (bold letters) or type

<b>1 Name of Applicant-</b> First Name		Middle Name/Initials	Last / Surname		
<b>2 Address:</b> number, street, locality		City/Town/Village	Dt/Taluk/PO	State	Pin code
<b>3 Telephone Number</b>	<b>4 Purpose</b> for which certificate is to be used		<b>5 Relationship</b> with deceased		
<b>6 Name</b> of person receiving certificate(s),if different from applicant			<b>7 Number</b> of copies	<b>8 Amount Paid</b>	

#### CERTIFICATE INFORMATION – Print (bold letters) or type

<b>1 Name</b> of the Deceased – First Name		Middle Name/Initials	Last /Surname		
<b>0 Name</b> of the Father/Husband		Middle Name/Initials	Last /Surname		
<b>1 Age</b>	<b>12 Date</b> of Death dd mm yyyy / /	<b>13 Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>14 Place</b> of death <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="text"/>		
<b>15 Address</b> of death(Full Address)		City	State	Pin code	
<b>16 Name</b> of Hospital (If died in hospital)		<b>17 Date</b> of Registration (if available) dd mm yyyy / /		<b>18 Registration Number</b> (if available)	

#### DECLARATION

I hereby state that the above information is true and request for the certificate.

<b>19 Date :</b> dd mm yyyy / /	<b>20 Signature/left thumb print</b>
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#### DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

<b>21 Name</b> of SHO	<b>22 Registration Number</b>
<b>23 Date</b> of event: : dd mm yyyy / /	<b>24 Signature</b> of the concerned case worker