



## APPLICATION FORM (DEATH)

To

The Registrar of Birth and Death and  
City Health Officer,  
Bhubaneswar Municipal Corporation,  
Bhubaneswar.

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 : \_\_\_\_\_  
DUBAI
4. Date of Death :
5. Sex of Deceased : Male ☒ Female ☐
6. Permanent Address of Deceased : \_\_\_\_\_  
\_\_\_\_\_
7. Applicant's Relation with Deceased : \_\_\_\_\_
8. Present Address of Applicant : \_\_\_\_\_

Signature of the Applicant

**For Office Use**

Regd. No : \_\_\_\_\_ Date : \_\_\_\_\_ Vol.No: \_\_\_\_\_

Challan No : \_\_\_\_\_ Date \_\_\_\_\_