

APPLICATION FORM (DEATH CERTIFICATE)

ମୃତ୍ୟୁ ପ୍ରମାଣପତ୍ର ନିମନ୍ତେ ଦରଖାସ୍ତ

To,

The Registrar of Births & Deaths and Executive Officer, N.A.C. Nayagarh

Sub :- ISSUE OF DEATH CERTIFICATE

Sir,

I am submitting herewith the following particulars for issue of Birth Certificate under Section - 12/17 (..... copy/copies)

1. **Name of the Deceased in full (Capital letter) :-**
ମୃତ ବ୍ୟକ୍ତିଙ୍କ ନାମ
2. **Name of the Father/Mother/Husband :-**
ପିତା/ମାତା /ସ୍ତ୍ରୀଙ୍କ ନାମ
3. **Date of Death :-**
ମୃତ୍ୟୁ ତାରିଖ
5. **Place of Death:-**
ମୃତ୍ୟୁ ସ୍ଥାନ
6. **Sex :-**
ଲିଙ୍ଗ
7. **Permanent Address of Deceased :- At** P.O.
ମୃତ ବ୍ୟକ୍ତିଙ୍କ ସ୍ଥାୟୀ ଠିକଣା P.S.Dist State
8. **Relation of the Deceased :-**
ମୃତ ବ୍ୟକ୍ତିଙ୍କ ସମ୍ପର୍କ

Place:

Date:

Full Signature of Applicant

ଦରଖାସ୍ତକାରୀଙ୍କ ସଂପୂର୍ଣ୍ଣ ସ୍ୱାକ୍ଷର

Permanent Address :- At

ସ୍ଥାୟୀ ଠିକଣା

P.O. P.S.

Dist State

For Office Use Only

Registration No. _____ Date _____ Volume No. _____ Year _____
Chalan No. _____ Date _____ Receipt Book No. _____ Receipt Book No. _____
Receipt No. _____ Date _____ fees realized Rs. _____ (Rupees
.....) only.

Signature of Registrar with official seal.