APPLICATION FORM FOR DEATH CERTIFICATE

To

The Register of Birth & Death-cum-

Executive Officer, NAC, Kotpad

Sub: Issue of Death Certificate.

Sir/Madam,

| I am submitting the following par under section 17 of Odisha Registration of | rticulars required for issue of death certificate of Birth and Death Rule 2001. |
|---|---|
| Name of deceased (Capital Letter) | |
| 2. Name of Father/Husband (Capital Lette | er): |
| 3. Sex | |
| 4. Date of Death | |
| 5. Place of Death : | |
| 6. Permanent address | |
| | |
| 7. Name of the applicant : | |
| 8. Relation with the deceased : | |
| 9. Application SI No. | · |
| I solemnly declare that the f | facts stated above are true. |
| | Yours faithfully |
| FOR OFF | ICE USE ONLY |
| Regd. SI No. Date of Registration : | |
| 3. Fees Collection Rs. | |
| 4. Receipt Book SI No, Challan No | |
| 5. Date : | |