

APPLICATION FOR THE DEATH CERTIFICATE VERIFICATION

To, The District Collector,	
Sir,	
On the basis of the following information and docum death verification certificate as per details here under:-	• • •
1. Name of informant	
2. Name of deceased person	
3. Name of deceased father / Husband of deceased	
4. Date of Death	
5. Place of Death	
6. Age of Deceased	
7. Address	
8. G.P.U	
Documents enclosed in original/attested form.	
a) Death Report From.	
b) B.R.No.MH- 0070/LR.	
c) SSC/COI/Citizenship certificate any other.	
d) Electoral card	
e) Panchayat Report.	
f) Police Report (in UD and Other related cases).	
g) Certificate of medical officer or hospital certificate.	
h) Passport No. (For foreign National Only.)	
Strike out whichever not applicable.	
	Signature & Name of Informant
Date:	
Place:	

PROCESS SHEET FOR DEATH CERTIFICATE

A.	The following	attested/Ce	ertificate o	documents	have t	been sul	bmitted	by the
ap	plicant.							

- 1. SSC/COI/Citizenship Certificate.
- 2. Police report.
- 3. Panchayat report.
- 4. Certificate of medical Action if any.
- 5. B.R. receipt no.

Submitted for approval

Dealing assistant

8. Remark if any

Office superintendent

C. Order.

District Collector

- D. Follow up Action.
- a) entries in issue register made vide No dated
- b) Issue No. entered in Certificate Yes/No.
- c) Certificate issued after taking proper receipt Yes/No.