

**APPLICATION FOR DEATH CERTIFICATE**  
**(Write in Capital Letters)**

**CIRCLE / LOCALITY** :

**1. Date Of Death** :

**2. Name of the Deceased** :

**3. Sex of the Deceased** :

**4. Name of the Father of the deceased:**

**5. Name of the Mother** :

**6. Place of Death** :

(Tick the appropriate entry a, b, c below and give the name of the Hospital/Institute or the Address of the House where the Death took place. If other place give location)

**a) Hospital/Institution Name** :

**b) House Address** :

**c) Other place** :

**7. No.of Copies Required** :

**8 a) Do you want the Death Certificate by Courier- Yes / No.**

**b) If Yes give Name and Address with Pin Code**

**Name & address.**

**(Signature of the Applicant)**

**Telephone No:**

Note:- Death certificate will be issued subject to entry found Registered with **GHMC** records.

**eSeva Transaction No:**

**eSeva Transaction Date:**