



ಕೊಪ್ಪಳ ನಗರಸಭೆ

KOPPAL CMC

UDD-HE-E-F-JUL05-111
Statistics Registration
Health Department

APPLICATION FOR DEATH CERTIFICATE

APPLICANT INFORMATION - Print (bold letters) or type

| | | | | | |
|--|--|----------------------|-------------------------------------|----------------------|----------|
| 1 Name of Applicant- First Name | | Middle Name/Initials | Last / Surname | | |
| 2 Address: number, street, locality | | City/Town/Village | Dt/Taluk/PO | State | Pin code |
| 3 Telephone Number | 4 Purpose for which certificate is to be used | | 5 Relationship with deceased | | |
| 6 Name of person receiving certificate(s),if different from applicant | | | 7 Number of copies | 8 Amount Paid | |

CERTIFICATE INFORMATION – Print (bold letters) or type

| | | | | | |
|--|--|--|---|--|--|
| 9 Name of the Deceased – First Name | | Middle Name/Initials | Last /Surname | | |
| 10 Name of the Father/Husband | | Middle Name/Initials | Last /Surname | | |
| 11 Age | 12 Date of Death dd mm yyyy / / | 13 Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | 14 Place of death <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="text"/> | | |
| 15 Address of death(Full Address) | | City | State | Pin code | |
| 16 Name of Hospital (If died in hospital) | | 17 Date of Registration (if available) dd mm yyyy / / | | 18 Registration Number (if available) | |

DECLARATION

I hereby state that the above information is true and request for the certificate.

| | |
|------------------------------------|--------------------------------------|
| 19 Date : dd mm yyyy / / | 20 Signature/left thumb print |
|------------------------------------|--------------------------------------|

DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

| | |
|--|--|
| 21 Name of SHO | 22 Registration Number |
| 23 Date of event: : dd mm yyyy / / | 24 Signature of the concerned case worker |