

ORDINARY APPLICATION FOR ISSUE OF DEATH EXTRACT

Corporation of Chennai

Health Department

To

THE HEALTH OFFICER,

Corporation of Chennai, Chennai-600 003.

Sir,

Please furnish me ----- copy/copies of Death extract, as per particulars furnished hereunder:

| | |
|---|--|
| 1. Name of the deceased & age | |
| 2. Date of Death | |
| 3. Place of Death | |
| (a) Name of Hospital & Address | |
| (b) Name of Nursing Home & Address | |
| (c) At home and Address | |
| 4. Residential address at the time of Death | |

Dated.....

Yours faithfully,

B. & D. No ----- Date of Death ----- Received Rs.-----only

ACKNOWLEDGEMENT

Received an application for the issue of Death extract of -----
-----at from -----along with Receipt No.-----Dt.-----
-----. The party is advised to produce this receipt at this Office after 7 working days and
collect the death extract applied for. If the entries are not found the party will be so informed
after a through search as per the particulars furnished in the application.

Signature