AGARTALA MUNICIPAL COUNCIL **AGARTALA**

FORM OF APPLICATION FOR ISSUING OF DEATH REGISTRATION CERTIFICATE

Name of the Child (in block letter)	Name		Surname (if any)
Sex (male/female):	Male	Female	
Date of death:			
Date of autopsy:			
Place of death:			
Place of burring/buried			
Cause of death			
Name of father/ husband of the deceased:			
Address of the deceased			
Present		Permanent	
Relationship of the deceased with the applicant:			
Agartala Municipal ward No.:			
Date:			
		Sic	gnature of the applicant
 Death certificate in original from Govt. recognized medical practitioner in form No.8 in case of home death. Original cremation certificate is required if not burnt under A.M.C recognized cremation ground/buried ground. Attested copy of the F.I.R and Post Mortem report case of an unnatural death (UD cases). In case of duplicate certificate /record of F.I.R/G.D. entry in the nearest Police station /Police outpost. Attested copy of the citizenship certificate/Ration card/ Voter Identity card/or Service Identity card of the deceased. (For office use only) Scrutinized the enclosed documents with the filled-in column above and found correct. 			
Prescribed fee deposited for a dated Cremated at Battala/	amount of Rs Cremation gr	vide	e receipt No Dated
4. Registered under No dated 5. Recommended for the registration and issuing certificate.			
Dealing Assistant Signature of t Public Health section.A.M.C. ORDER OF THE ISSUING AUT Health Officer Registrar Birth & Death Agartala Municipal Council	THORITY	SUANCE OFFICE	
Registrar Birth & Death			

Agartala Municipal Council
Published on National Portal of India (<u>india.gov.in</u>)