



ಕೋಲಾರ ನಗರಸಭೆ

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

KOLAR CMC

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

1 Name of the Deceased – First Name		Middle Name/Initials	Last /Surname		
0 Name of the Father/Husband		Middle Name/Initials	Last /Surname		
1 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		
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