

**DECLARATION BY CLOSE RELATIVE / FAMILY MEMBER FOR
OBTAINING DEATH CERTIFICATE**

To

The Registrar of Birth & Death

Cum Medical Superintendent

AIIMS, Bilaspur

Sub: Request to Issue Death Certificate

R/Sir,

I.....S/O/D/O..... submit

hereby following particulars of the deceased to receive the Death Certificate

1. Name of the Deceased.....
2. Father of Deceased
3. Husband/Wife of Deceased.....
4. Date of Death.....
5. Type of Death: - MLC/ NON-MLC
6. Gender.....
7. Place of Death.....
8. Permanent Address of Deceased.....
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9. Applicant's Relation with Deceased.....
10. Contact Number.....

The above information is true & Correct to the best of my knowledge & belief, nothing has been concealed therein in case of fraud event, action may be initiated against me / us as per the provision laid down under RBD Act, 1969

Signature of Applicant

Date:

Documents to be attached-Photocopy of ID proof of applicant (Aadhar Card, PAN, Driving License)