APPLICATION FORM FOR DEATH CERTIFICATE

(REGULAR REGISTRATION FOR NON-INSTITUTIONAL DEATH)

To,

	The Registrar of Birth and Death,			
	Tura Municipal Board,			
	West Garo Hills, Meghalaya.			
Sub:-	Application for Birth Certificate Form no. 6			
Mada	m,			
	With reference to the subject cited above. I h	ave the honour to	request you to kindly issue me a Dea	th Certificate
The n	ecessary particulars are given below:			
1	Name of the Deceased (IN BLOCK LETTE	RS):		
2	2) Sex of the Deceased	:		
3	Name of the Father (IN BLOCK LETTERS)	:		
2	Name of the Mother (IN BLOCK LETTERS) :		
5	Date of Death	:		
e	5) Place of Death	:		
7	7) Address at the time of Death of decease	d : Vill/Town		
	P.O	P.S		
	District	State	Pin	
8) Permanent address of the parents :Vill/To	wn		
	P.O	_ P.S		
	District	State	Pin	
9)	Enclosed:-			
	Attested copy of the following and tick wh	ichever is applicat	le.	
	(I) Gaobura/Nokma/Headman Certificate s			
	(II) Hospital Record/Physician's Statement/Any document related to the ailment of the deceased.			
Date:			Yours Faithfully	
		Name:		