



# APPLICATION FORM FOR DEATH CERTIFICATE

To,

**The Registrar of Birth & Death and Health Officer**  
Rourkela Municipal Corporation, Rourkela

Sub: **Issue of Death Certificate**

Sir/ Madam,

I am submitting herewith the following particulars for issue of Death Certificate under section 17 of RBD act of my .....

1. Name of the Deceased : .....

(Use Capital Letters)

2. Sex of the Deceased : .....

3. Name of Father/ Husband : .....

4. Date of Death : .....

5. Place of Death : .....

6. Sex of Child : .....

7. Permanent Address of Parents At : .....

Po : .....

Ps : .....

Dist : ..... State.....

Place :

Date :

Full Signature of Applicant

Permanent Address At : .....

Po : ..... Ps: .....

Dist : ..... State.....

## For Office Use

Registration No..... Date.....

Challan No..... Date.....

Name of Deceased : .....

Date of Death : .....

Place of Death : .....

Date of Issue of Certificate : .....

Time of Issue : 03:00 PM to 05:00 PM

Signature of the Receiving Officer