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**CDMA Death Corrections Application Form**

**Death Details:-**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Unit Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ Death Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: 🞏 Greater Municipality 🞏 Municipality 🞏 Municipal Corporation 🞏 Gram Panchayat**

**Gender: 🞏Male 🞏Female**

**Corrections Required in Death Certificate Details:-**

**Whether You Want to Update Deceased Name:  🞏Yes 🞏No**

**Correct Child Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Correct Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whether You Want to Update Date of Death: 🞏Yes 🞏No**

**Correct Date of Death: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whether You Want to Update Gender: 🞏Yes 🞏No**

**Correct Gender: 🞏Male 🞏Female**

**Whether You Want to Update Deceased Father Name: 🞏Yes 🞏No**

**Correct Father Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Correct Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whether You Want to Update Deceased Mother Name: 🞏Yes 🞏No**

**Correct Mother Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Correct Mother Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whether You Want to Update Death Place: 🞏Yes 🞏No**

**Correct Death Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whether You Want to Update Address at the Time of Death: 🞏Yes 🞏No**

**Correct Line 1 of Address at the Time of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correct Line 2 of Address at the Time of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correct Line 3 of Address at the Time of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whether You Want to Update Permanent Address: 🞏Yes 🞏No**

**Correct Line 1 of Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correct Line 2 of Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correct Line 3 of Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Informant Details:-**

**Informant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Informant Relation:** 🞏S/o 🞏 D/o 🞏 w/o 🞏 H/o 🞏 M/o 🞏 F/O 🞏 C/o

**Informant Address1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Informant Address2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Informant Address3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Type:** 🞏Manual / In Person 🞏 Post – Local 🞏 Post - Nonlocal

**Purpose of the Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No of copies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature**

**Document List:-**

1. **Application Form\***
2. **Original Death Certificate issued by the Registrar of Death**
3. **In case of Medico Legal cases for death events, certificate from the concerned police authority is a must along with FIR and postmortem report**
4. **Notary Affidavit on Rs.10/- Non-Judicial Stamped paper**
5. **Available Documentary evidences like educational certificates, Election ID Card, Ration Card, Passport, Driving License and Marriage certificates**
6. **A letter from the Hospital Authorities where the Death has occurred**

**Note: Please upload Application Form and any one of Above Documents as a single file in pdf format**