



ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ

BMP-HE-E-DEC03-F-111
Statistical Section
Health Department

BANGALORE MAHANAGARA PALIKE

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

9 Name of the Deceased – First Name		Middle Name/Initials	Last /Surname		
10 Name of the Father/Husband		Middle Name/Initials	Last /Surname		
11 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
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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
25 Receipt Number	26 Date of Payment : dd mm yyyy / /