

APPLICATION FOR DEATH CERTIFICATE

(মৃত্যুৰ প্ৰমাণ পত্ৰৰ বাবে আবেদন)

(Marked Fields are mandatory)

(* চিহ্নযুক্ত তথ্যবোৰ বাধ্যতামূলক)

Applicant's Details (আবেদনকাৰীৰ বিৱৰণ)

*Applicant's Name (আবেদনকাৰীৰ নাম)

*Applicant Gender (আবেদনকাৰীৰ লিঙ্গ) Male ☐ Female ☐

*Mobile Number (মবাইল নম্বৰ)

PAN Number (পান নম্বৰ)

Aadhar card Number (আধাৰ নম্বৰ)

Mail Id (ইমেইল)

Address Details (ঠিকনাৰ বিৱৰণ)

*State (ৰাজ্য)

*District (জিলা)

*Sub-Division (মহকুমা)

*Circle Office (ৰাজহ চক্ৰ)

Deceased Details (প্ৰয়াত সবিশেষ)

Date of Death (মৃত্যু তাৰিখ)

Name of the Deceased (মৃতকৰ নাম)

Sex of Deceased (মৃতকৰ লিঙ্গ) Male ☐ Female ☐

Name of Father (পিতৃৰ নাম)

Name of Mother (মাতৃৰ নাম)

Name of Husband/Wife (স্বামীৰ/স্ত্ৰীৰ নাম)

Age of Deceased (মৃতকৰ আয়ুস)

Place of Death (মৃত্যুৰ স্থান) Hospital ☐ Institution ☐ House ☐ Other Place ☐

Place Details (Name or Address) (স্থানৰ সবিশেষ)

Informants Name (খবৰ দাতাৰ নাম)

Signature of the applicant

(আবেদনকাৰীৰ স্বাক্ষৰ)

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Deceased Town/Village Name (মৃতকৰ চহৰ/গাঁওৰ নাম)

Is it Town or Village (এইখন চহৰ নে গাঁও)

Town ☐

Village ☐

Deceased District (মৃতকৰ জিলা)

.....

Deceased State(মৃতকৰ প্ৰদেশ)

.....

Deceased Address at time of Death (মৃত্যুৰ সময়ত মৃতকৰ ঠিকনা)

.....

Deceased Permanent Address (মৃতকৰ স্থায়ী ঠিকনা)

.....

Deceased Religion (মৃতকৰ ধৰ্ম) :

Hindu ☐

Muslim ☐

Christian ☐

Other ☐

Other Religion Details(অন্য ধৰ্ম সবিশেষ)

.....

Deceased Occupation (মৃতকৰ জীৱিকা)

.....

Type of Medical Attention
received before death

Institutional ☐

Medical other than Institution ☐

(মৃত্যুৰ আগতে পোৱা চিকিৎসা প্ৰকাৰ)

No Medical Attention ☐

Death Cause Medically Certified :

Yes ☐

No ☐

Name of Disease or Actual cause of Death

(বেমৰৰ নাম/ মৃত্যুৰ কাৰণ)

.....

If Habitual Smoker then for how many year

.....

If Habitual Tobacco Chewer in any form for how many years

.....

If Habitual Arecanut (including Panmasala)

user for how many years

.....

If Habitual Drinker for how many years

.....

If Female death, did death occur while Pregnant at time of delivery or 6 weeks after end of

Pregnancy

:

Yes ☐

No ☐

Supporting Documents

1. Certificate of Death issued from Private Hospital/Nursing home.

2. Goanburah Certificate.

3. Any Other Documents.(অন্য নথি)

Signature of the applicant

(আবেদনকাৰীৰ স্বাক্ষৰ)