

AGARTALA MUNICIPAL COUNCIL CITY CENTRE – PARADISE CHOWMUHANI, AGARTALA TRIPURA-799001

FORM OF APPLICATION FOR ISSUING OF DEATH REGISTRATION CERTIFICATE

(Downloaded from the official site of Agartala Municipal Council)

1. Name of the Deceased (Block letter):-	
2. Sex :-Male/Female	
3. Date of Death:	
4. Date of Autopsy:	
5. Place of Death:	
6. Place of Burning/Buried:	
7. Cause of Death :-	
8. Name of Father/ Husband of the deceased: - 9. Name of Mother of the deceased: -	
10. Address of the deceased (a) Present: -	
(b) Permanent :- 11. Relationship of the deceased with the applicant :-	
12. Agartala Municipal Ward No.: -	
	Signature of applicant with date.
List of documents to be enclosed duly atternation. Original copy of the Death Certificate issued from 2. Death Certificate in original from Govt. recognized in case of home death.	n Hospital/ Nursing home.
3. Original cremation certificate is required if not b Cremation Ground/Burial ground.	urnt under A.M.C recognized
4. Attested copy of the F.I.R and Post Mortem report (UD cases).	rt in case of an unnatural death
5. In case of duplicate certificate /record of F.I.R/G Station /Police outpost.	D. entry in the nearest Police
6.Attested copy of the citizenship certificate/Ration Service Identity card of the deceased.	
(For office use only) 1. Scrutinized the enclosed documents with the filled-in column above and found correct.	
2. Prescribed fee deposited for amount of Rs dated	vide receipt No
3. Cremated at Battala/ Cremation ground 4. Registered under No	
5. Recommended for the registration and issuing certificate.	
Dealing Assistant's Signature Public Health Section.A.M.C.	Signature of Section Incharge Public Health Section(A.M.C)

ORDER OF THE ISSUING AUTHORITY Health Officer (Registrar Birth & Death) Agartala Municipal Council