



**CHANDIGARH ADMINISTRATION  
REGISTRAR BIRTH AND DEATH**



e-JAN SAMPARK

**Application for Issue of Death Certificate(s)**

**FOR OFFICE USE ONLY**

To

The Registrar,  
Births and Deaths,  
U.T., Chandigarh.

Sir,

Total Amount \_\_\_\_\_

Number of Copies \_\_\_\_\_

Receipt Number \_\_\_\_\_

Dated : \_\_\_\_/\_\_\_\_/\_\_\_\_

Kindly issue me the Death Certificate(s) as per details given below :

1. Date of Death (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Sex : Male  Female  (Tick  one)
3. Full Name of the Deceased: \_\_\_\_\_
4. Place of Death (Complete Address) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Father's Husband's Name of the Deceased: \_\_\_\_\_
6. Permanent Address at the time of admission in Hospital: \_\_\_\_\_  
\_\_\_\_\_
7. Place of Cremation: \_\_\_\_\_
8. C.R. No. if the deceased was admitted in the Hospital : \_\_\_\_\_
9. Relation of Applicant with Deceased (Father/Mother/Relative): \_\_\_\_\_
10. Registration Number (if applicant knows) \_\_\_\_\_



**CHANDIGARH ADMINISTRATION  
REGISTRAR BIRTH AND DEATH**



11. Name of Death (with application on bond Paper) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Instructions to Dealing Hand in case of any correction filed by the applicant :

Corrected Particulars with the date of correction:

Name of Deceased: \_\_\_\_\_

Sex: \_\_\_\_\_ (DOC: \_\_\_/\_\_\_/\_\_\_)

Date of Death: \_\_\_/\_\_\_/\_\_\_ (DOC: \_\_\_/\_\_\_/\_\_\_)

Father's/Husband's Name: \_\_\_\_\_ (DOC: \_\_\_/\_\_\_/\_\_\_)

Place of Birth: \_\_\_\_\_ (DOC: \_\_\_/\_\_\_/\_\_\_)

DOC - Date of Correction

Signature of Receiver with Date of receiving \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_