

GOVERNMENT OF MEGHALAYA

APPLICATION FORM FOR OBTAINING DEATH CERTIFICATE

Informant's Basic Details

Name of Informant *:

Mobile Number *:

E-Mail:

Relationship with the deceased:

Application Specific Details

Name of Deceased *:

Gender *: Male/Female:

Father's Name *:

Mother's Name *:

Name of Spouse:

Date of Death *:

Place of Death *:

Application Submission Location *:

No of days after which death is reported *:

Address of the Deceased Person

District *:

Complete Address *: