

APPLICATION FOR BIRTH / DEATH CERTIFICATE

Name _____

Address _____

Date _____

To,
The Registrar of Birth & Deaths

Sub. : Application for Birth / Death Certificate

Sir,

I Shri. / Smt. _____
hereby apply for birth / death certificate of _____

_____ who was born / died on _____ at _____

and registered in your office under No. _____ dated _____.

Your's faithfully,

(Signature)