

Form No. 2
[See Rule 4 (1)]

APPLICATION FORM FOR ISSUANCE OF LEGAL HEIR CERTIFICATE

1. Personal Details

Name of Applicant _____

Gender _____ Marital Status _____

Age _____ Religion _____

Father's Name _____

Husband's Name _____

Mobile No. _____ Aadhaar No. _____

e-Mail ID _____

**Paste
Applicant's
Photo
(Passport size)**

2. Permanent Address

Village/ Town: _____ Police Station: _____ Post Office: _____

Tahasil: _____ District: _____ Pin: _____

State: _____

3. Present Address

Village/ Town: _____ Police Station: _____ Post Office: _____

Tahasil: _____ District: _____ Pin: _____

State: _____

4. Submitter's Details

Submitter's Name (*in case the submitter is not the applicant*): _____

Relation With Applicant: _____

5. Purpose: _____

6. Deceased Information:

Name of the Deceased person: _____

Age: _____ Gender: _____ Place of Death: _____ Date of death: _____

(on the date of death)

7. Legal heir details:

Sl. No.	Name	Age	Marital Status	Relationship with deceased
1				
2				
3				

8. List of Documents attached

- Voter ID / Aadhaar Card
- Copy of death certificate
- Copy of first page of Service Book if deceased was a Govt. employee
- Copy of finally published settlement RoR / consolidation RoR

9. Declaration:

I, Shri/Miss/Mrs _____ Son of / Daughter of / wife of _____ age _____
_____ of _____ (detailed address) _____ PS _____
_____ District _____ Odisha, do hereby declare that the information given by

me in this application form and its self-attested enclosures is true to the best of my knowledge and that the information furnished is exhaustive and I have not suppressed any fact. That, I am solely responsible for the accuracy of the declaration and information furnished and liable for action under section 199 and 200 of the Indian Penal Code in case of wrong declaration and information. Also, I am well aware of the fact that the certificate shall be summarily cancelled and all the benefits availed by me shall be summarily withdrawn in case of wrong declaration and information.

Place: _____

Date: _____

Signature of the Applicant /
Authorised representative

* Strike out which is not applicable