

## APPLICATION FORM DEATH CERTIFICATE LATE ENTRY ORDER

Fields marked with (\*) are mandatory

(Please paste court fee stamp here)

| Applied By*   |   |  |  |  |
|---|---|--|--|--|
| Father's/Husband's Name*  |   |  |  |  |
| Date of Birth/Age*  |   | Mobile No*   |  |  |
|   | ☐ Father  | ☐ Grand Father   | Photo of Deceased<br>(On whose name Death  |  |
| Deceased's Relationship with Applicant*   | □ Mother  | ☐ Grand Mother   |  |  |
|   | ☐ Relative  |  | - Certificate is to be issued)             |  |
| Gender*   | ☐ Male ☐ Female   | ☐Transgender   |  |  |
| Aadhaar No.   |   |  |  | oto is for scanning do   |
| E-mail  |   |  | - n  | ot cross sign)   |
| House No / Flat No. *   |   | Sector / Village*  |  |  |
| Tehsil / Sub-District*  |   | District*  |  |  |
| State/UT*   |   | Pin Code*  |  |  |
| De  | eceased's Details(On whose name D   | eath Certificate will be issu  | ed):                                       |  |
| Name*   |   | Father's Name*   |  |  |
| Gender*   | ☐ Male ☐ Female ☐ Transgende  | r Mother's Name*   |  |  |
| De  | ceased's Address(On whose name  | Death Certificate will be Iss  | ued):                                      |  |
| House No / Flat No *  |   | Sector / Village*  |  |  |
| Tehsil / Sub-District*  |   | District*  |  |  |
| State/UT*   |   | Pin Code*  |  |  |
|   | Death De  | tails:   |  |  |
|   |   |  |  |  |
| Death Date*   |   |  |  |  |
| Death Date*  Death at*  | ☐ Government Hospital ☐ PGIME   | R or Pvt. Hospital 🔲 Homo  | e/Other                                    |  |
|   | ☐ Government Hospital ☐ PGIME  Address of Place of Death in 6   | • —  | e/Other                                    |  |
| Death at*   | ,   | • —  | •  | digarh   |
|   | Address of Place of Death in o  | case of Death at Hospital:   | •  | digarh   |
| Death at* Hospital Name*  | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  | case of Death at Hospital:   | or 16, Chan                                | digarh   |
| Death at*  Hospital Name*   | Address of Place of Death in GMCH, Sector 32, Chandigarh  Others  | GMSH, Sector   | or 16, Chan                                | digarh   |
| Death at*  Hospital Name*  House No / Flat No *   | Address of Place of Death in C GMCH, Sector 32, Chandigarh Others (Please Mention Hospital Name)  Complete Address of Place of Death  | GMSH, Sector in case of Home/others or Sector / Village*   | or 16, Chan                                |  |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*                                 | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  | GMSH, Sector in case of Home/others or Sector / Village*  District*  | or 16, Chan                                |  |
| Death at*  Hospital Name*  House No / Flat No *   | Address of Place of Death in C GMCH, Sector 32, Chandigarh Others (Please Mention Hospital Name) Complete Address of Place of Death Chandigarh Chandigarh   | GMSH, Sector  in case of Home/others or Sector / Village* District* Pin Code*  | or 16, Chan                                |  |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*                      | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  | GMSH, Sector  in case of Home/others or Sector / Village* District* Pin Code*  | or 16, Chan                                |  |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*                                 | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation D   | GMSH, Sector  in case of Home/others or Sector / Village* District* Pin Code*  | or 16, Chan                                |  |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*    | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation E  Self-Undertaking                         | GMSH, Sector  in case of Home/others or  Sector / Village*  District*  Pin Code*  Details:   | or 16, Chan                                |  |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*    | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation Death  Self-Undertaking  Son/Daughter of Sh | GMSH, Sector  in case of Home/others or  Sector / Village*  District*  Pin Code*  Details:   | or 16, Chan                                | rh   |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*  I | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation E  Self-Undertaking  Son/Daughter of Sh     | Gase of Death at Hospital:  GMSH, Sector  Gin case of Home/others or  Sector / Village*  District*  Pin Code*  Details:  | chandiga Chandiga aged                     | rh Photograph of the   |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*  I | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation Death  Self-Undertaking  Son/Daughter of Sh | GMSH, Sector  GM | chandiga Chandiga aged that the othing has | rh  Photograph of the person applying                                |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*  I | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation E  Self-Undertaking  Son/Daughter of Sh     | GMSH, Sector  GM | Chandiga  Chandiga  chandiga  chandiga     | rh  Photograph of the person applying for the certificate            |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*  I | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation E  Self-Undertaking  Son/Daughter of Sh     | GMSH, Sector  GM | Chandiga  Chandiga  chandiga  chandiga     | rh  Photograph of the person applying for the certificate with cross |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*  I | Address of Place of Death in C  GMCH, Sector 32, Chandigarh  Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation E  Self-Undertaking  Son/Daughter of Sh     | GMSH, Sector  GM | Chandiga  Chandiga  chandiga  chandiga     | rh  Photograph of the person applying for the certificate            |
| Death at*  Hospital Name*  House No / Flat No *  Tehsil / Sub-District*  State/UT*  Cremation Place*  I | Address of Place of Death in C GMCH, Sector 32, Chandigarh Others (Please Mention Hospital Name)  Complete Address of Place of Death  Chandigarh  Chandigarh  Cremation E  Self-Undertaking  Son/Daughter of Sh       | GMSH, Sector  GM | Chandiga  Chandiga  chandiga  chandiga     | rh  Photograph of the person applying for the certificate with cross |

## **Check List of Requisite Document Required while Applying**

(Please check against the document being provided while applying)

## Applicant has to bring original documents for verification and scanning at Sampark

| 1 Court fee of 1.25 /-   |  |   |  |  |  |
|--|--|---|--|--|--|
| 2 Self-Undertaking Signed  |  |   |  |  |  |
| 3 Photograph of Applicant  |  |   |  |  |  |
| 4 Photograph of Deceased   |  |   |  |  |  |
| 5 Identity Proof of Applicant  |  |   |  |  |  |
| 6 Identity Proof of Deceased   |  |   |  |  |  |
| 7 Affidavit  |  |   |  |  |  |
| 8 Residence Proof of Deceased  |  |   |  |  |  |
| 9 Residence Proof of Applicant   |  |   |  |  |  |
| 9 Residence Proof of Applicant   |  |   |  |  |  |
|  | ist of Additional Document in case of Death at   | ·   |  |  |  |
| 1 Hospital Report  |  |   |  |  |  |
| Check  | list of Additional Document in case of Death a   | t Home  |  |  |  |
| 1 Cremation Report   | 1 Cremation Report   |   |  |  |  |
| 2 Undertaking from Sarpanch/Munic  | ipal Councilor   |   |  |  |  |
| Date:  | Signature :  |   |  |  |  |
|  | Name :   |   |  |  |  |
|  | Undertaking from Sampark Opera   | tor   |  |  |  |
|  | Ondertaking Hom Sampark Opera  | <u>itoi</u>   |  |  |  |
| It is hereby certified that the or   | iginal documents as specified in the above   | checklist have been personally seen by  |  |  |  |
| me and the same have been up   | loaded in the online application   |   |  |  |  |
| Date:  | Signature :  |   |  |  |  |
| Dute:  | Signature :  |   |  |  |  |
|  | Name :   |   |  |  |  |
| Documentary Proof of Residence   | Documentary Proof of Identity  | Documentary Proof of Date of Birth  |  |  |  |
| Passport   | Election Commission Photo ID card  | School leaving certificate / Secondary School   |  |  |  |
| Telephone (BSNL landline or postpaid mobile bill) on the Name of Applicant                     | <ul> <li>Aadhaar Card / E-Aadhaar letter issued by<br/>government of India.</li> </ul>   | leaving certificate/ Certificate of Recogniz<br>Boards from the school last attended by t |  |  |  |
| Election Commission Photo ID card  | Driving License  | applicant or any other recognized educational institution                                 |  |  |  |
| Applicant's current and valid ration card  | <ul> <li>Passport</li> </ul>   | <ul><li>Passport</li></ul>  |  |  |  |
| Aadhaar Card / E-Aadhaar letter issued by  | Arm's License with Photo Graph   | Affidavit sworn before a magistrate stating th  |  |  |  |
| government of India.  Registered Rent Agreement (for a period of                               | Central Government Health Scheme Card or Ex-<br>servicemen Contributory Heath Scheme photo   | date of birth in case of illiterate and Sem<br>literate(Below Class 5)                    |  |  |  |
| more than one year)  Photo Passbook of running Bank Account (Scheduled Public Sector Banks and | <ul> <li>Applicant's current and valid ration card with<br/>Photograph</li> </ul>  | Pan Card  |  |  |  |
| Regional Rural Banks only)   | Photo identity card issued by the Central  |   |  |  |  |
| House Allotment Letter   | Government or a State Government or a Public   |   |  |  |  |
| Revenue Record   | Sector Undertaking   |   |  |  |  |
| Registered Sale Deed   | <ul> <li>Pensioner Card having photograph of the applicants</li> </ul>   |   |  |  |  |
| Certified Voter List   | <ul> <li>Certificate of identity in original signed by Member<br/>of Parliament or Member of Legislative Assembly<br/>or a Gazetted Officer containing duly attested<br/>photograph</li> </ul>   |   |  |  |  |
|  | <ul> <li>Bank certificate in original on letter head from the<br/>branch (along with name and stamp of the issuing<br/>officer) containing duly attested photograph and<br/>bank account number of the applicant (Scheduled</li> </ul> |   |  |  |  |

Public Sector Banks and Regional Rural Banks only)