

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)