గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం

Late Registration of Death Application Form

To
The Revenue Divisional Officer,
_____ Division,
_____ District.

Respected Sir,

Sub: - Request for Issue of the Death Registration of my _____-regarding.

I, _____S/O / D/O / F/O / M/O / W/O_____, Age ____ years, occupation: _____, R/o H.No. _____, Near_____, _____ Mandal, _____Dist. Andhra Pradesh submit the following few lines for your kind perusal and sympathetic favorable consideration please.

That my _____ name is _____ Age _____ Years, was died on_____ (dd/mm/yyyy) at H.No._____, Near _____ _____, _____ Mandal/Municipality, _____ Dist. Andhra Pradesh. The information regarding death of my _____was not informed to the local Births and Deaths Registration Authority of _____ Mandal/Municipality. Hence the name of my _____ is not recorded in the Birth & Death Register of _____ Mandal/Municipality.

That my Family requires death certificate for _____ purpose urgently.

I enclosed here with Non availability certificate issued by the GP or Municipal Commissioner, Ration card copy and Self Affidavit.

Therefore I request you kindly to issue necessary orders to Commissioner, Municipal Council_____ to record date of death of my _____and issue Death Certificate as above at the earliest.

Contact Details:

Landline Number:

Mobile No:

Email ID:

Yours faithfully,

Signature of the Applicant

Procedure: (following to be enclosed)

1) Physical Document*
2) Non availability certificate issued by the GP or Municipal Commissioner#
3) Ration card copy#
4) Self Affidavit#

***-mandatory # -any one of them**