CDMA Death Corrections Application Form

Death Details:-

District: ____________________________ Registration Unit Id: __________________________

Registration Number: ____________ Registration Year: ____________ Death Year: ____________

Location: □ Greater Municipality □ Municipality □ Municipal Corporation □ Gram Panchayat

Gender: □ Male □ Female

Corrections Required in Death Certificate Details:-

Whether You Want to Update Deceased Name: □ Yes □ No

Changed Child Surname: ________________ Changed Child Name: ________________________

Whether You Want to Update Date of Death: □ Yes □ No

Changed Date of Death: ______________________

Whether You Want to Update Gender: □ Yes □ No

Changed Gender: □ Male □ Female

Whether You Want to Update Deceased Father Name: □ Yes □ No

Changed Father Surname: ________________ Changed Father Name: ______________________

Whether You Want to Update Deceased Mother Name: □ Yes □ No

Changed Mother Surname: ________________ Changed Mother Name: ______________________

Whether You Want to Update Death Place: □ Yes □ No

Changed Death Place: ______________________

Whether You Want to Update Address at the Time of Death: □ Yes □ No

Changed Line 1 of Address at the Time of Death: ______________________

Changed Line 2 of Address at the Time of Death: ______________________

Changed Line 3 of Address at the Time of Death: ______________________

Whether You Want to Update Permanent Address: □ Yes □ No

Changed Line 1 of Permanent Address: ______________________

Changed Line 2 of Permanent Address: ______________________

Changed Line 3 of Permanent Address: ______________________
Informant Details:-

Informant Name: ________________________________________________________________

Informant Relation: ☐ S/o  ☐ D/o  ☐ w/o  ☐ H/o  ☐ M/o  ☐ F/O  ☐ C/o

Informant Address1: ______________________________________________________________________

Informant Address2: ______________________________________________________________________

Informant Address3: ______________________________________________________________________

Mobile Number: ______________________ Email ID: ________________________________

Remarks: __________________________________________________________________________

Pin code: __________________________ Delivery Type: ☐ Manual / In Person ☐ Post – Local ☐ Post - Nonlocal

Purpose of the Certificate ______________________________________________________________

No of copies: ________________

Applicant’s Signature

Document List:-

1. Application Form*
2. Original Death Certificate issued by the Registrar of Death
3. In case of Medico Legal cases for death events, certificate from the concerned police authority is a must along with FIR and postmortem report
4. Notary Affidavit on Rs.10/- Non-Judicial Stamped paper
5. Available Documentary evidences like educational certificates, Election ID Card, Ration Card, Passport, Driving License and Marriage certificates
6. A letter from the Hospital Authorities where the Death has occurred

Note: Please upload Application Form and any one of Above Documents as a single file in pdf format