

APPLICATION FOR DEATH REGISTRATION
(DELAY CONDONATION AFTER ONE YEAR)

DOCUMENT CHECKLIST & RECEIPT

S. No.	Item	Yes	No
1	Application Form addressed to RDO, for delay condonation of Death Registration with Photograph of the Applicant	<input type="checkbox"/>	<input type="checkbox"/>
2	Notarized Affidavit (Rs.10/-)	<input type="checkbox"/>	<input type="checkbox"/>
3	Statement of Applicant with Photograph (to be filled in by applicant)	<input type="checkbox"/>	<input type="checkbox"/>
4	VRO Enquiry Report (to be filled in by the Office)	<input type="checkbox"/>	<input type="checkbox"/>
5	RI Enquiry Report (to be filled in by the Office)	<input type="checkbox"/>	<input type="checkbox"/>
6	Letter from Tahsildar addressed to RDO, after due enquiry (to be generated by MRO Office)	<input type="checkbox"/>	<input type="checkbox"/>
7	RDO Proceedings (3 Copies) (to be generated by RDO Office and sent to Registration Authority, MRO office & Applicant)	<input type="checkbox"/>	<input type="checkbox"/>
8	Documents Filed		
	a) Challan for Rs.50/-	<input type="checkbox"/>	<input type="checkbox"/>
	b) Notary Affidavit (Rs.10/-)	<input type="checkbox"/>	<input type="checkbox"/>
	c) Non Availability Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	d) Graveyard / Cremation Ground Receipt	<input type="checkbox"/>	<input type="checkbox"/>
	d) Ration Card	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Applicant

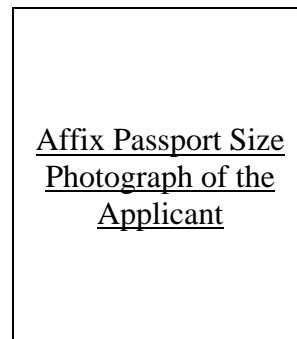
Signature of Receiving Authority

Date

Date

APPLICATION FOR DEATH CERTIFICATE
(DELAY CONDONATION AFTER ONE YEAR)

To
The Revenue Divisional Officer,
.....



Sir / Madam,

It is to bring to your notice that the death of my
whose particulars are furnished hereunder was not registered with who
is empowered to register the same.

Hence, it is requested to register the Death of my.....and issue
Death Certificate. Required evidences are enclosed, for ready reference.

.01	Name of the person whose Death certificate is required	:		
02	Name of the Father	:		
03	Name of the Mother	:		
04	Place of Death	:		
05	Date of Death	:		
06	Name and address of the Hospital or place where Death has taken place	:		
07	Whether any Receipt regarding the Death of the concerned given by the Authorities of the Hospital, Graveyard or Crematorium enclosed. (Yes / No)	:		
08	Particulars of Challan Fee paid (Challan No. & Date)	:		
09	Whether list of Documents enclosed.	:	1. Challan for Rs. 50/-	Yes/No
		:	2.Graveyard / Cremation	Yes/No
		:	3. Non availability Certificate	Yes/No
		:	4. Notary Affidavit	Yes/No

Date:

Signature of the Applicant

Place:

Name of the Applicant

REGISTRATION OF DATE OF DEATH
AFFIDAVIT

I, S/o, age years,
residing at D.No.
..... Nellore Mandal, Sri Potti Sriramulu Nellore District, do
hereby solemnly affirm and state as follows:-

1. I do hereby declare that my ----- by name
....., died on at
..... He/She was
cremated/buried at

2. My _____ death was not registered
in Birth & Death records. .

3. I am giving this affidavit on solemn declaration consciously believing it to
be true and in faith thereof. The date of Death given now binding on me and as well
as my _____. This date of Death may be
admitted. I undertake on behalf of my _____ that I will not make
any request for alteration in this date of Death at any time in future.

The above stated facts are true and correct.

Date:

Deponent.
Solemnly affirmed and executed.

Before me.

@LäpyLRV-s }qisÉp®SVLIÉp

#LäpyLRV-s Fyqsvf; LRV
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@LiÉALI; RªsDAfsv

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/ÉØLRü/VRªsWLRV²RV/VRªsWLi/»Riü²T. ccc -ªyqsl
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ryORVÍÁVM

(qslªs»RªsW)

- 1.
- 2.

ENQUIRY REPORT SUBMITTED TO THE TAHSILDAR.....
(Proposals for Registration of Death)

By Mandal /Revenue Inspector:
Name of the R.I

1. Name of the applicant :
2. Address of applicant :
Door No. :
Building Name :
Street Name :
Village / Ward :
3. Name of the person whose date of Death is requested to be registered :
4. Relationship of Deceased to Applicant :
5. Date of Death :
6. Place of Death :
7. Name of the parents of Deceased
a. Father :
b. Mother :
8. Purpose for which the certificate is needed :
9. Whether Notary Affidavit is filed for not :
10. Date of Death claimed in the application is tallied with the above evidences & affidavit (Yes/No) :
11. Details of evidences produced :
1. Non availability Certificate Yes/No
2. Ration Card Copy Yes/No
3. Receipt of Hospital /Graveyard etc. Yes/No
4. Any other (Specify)
12. Challan particulars

Challan No. .	Date	Amount	Place of remittance
13. Recommendation of the enquiry officer :

Date

Signature of the Revenue Inspector

Place :

Name of the Revenue Inspector

Rc. /

Office of the Tahsildar
..... Mandal.

From
Sri.....
Tahsildar,
..... Mandal.

To
The Revenue Divisional Officer,
.....

Sir,

Sub :-Registration of Death – Sri Potti Sriramulu Nellore District -
..... Mandal Village – R/o
..... request for Death
certificate of died on
..... MRI recommended – Report submitted –
Regarding.

Ref :- 1) Revenue Divisional Officer, _____,
N.Dis.....l.Reg. _____/ dated _____
2) Enquiry report of the MRI, Nellore dated _____

I invite kind attention to the reference 1st cited wherein the Revenue
Divisional Officer, _____ has sent the proposals of the applicant
_____ with a direction to enquire and
submit the report regarding the Death of _____.

The matter has been enquired by MRI _____ and
submitted the report in the reference 2nd cited. The details of enquiry report is as follows.

1. Name of the applicant :
2. Address of applicant :
3. Name of the person whose Date of Death was requested to be registered :
4. Relationship of Deceased to Applicant :
5. Date of Death :
6. Place of Death :
7. Name of the parents of Deceased :
 - a. Father :
 - b.Mother :
8. Purpose for which the certificate is needed :
9. Details of evidences produced :
 1. Non – Availability Certificate
 2. Notarized Affidavit
10. Date of Death claimed in the application is :
tailed with the above evidences
11. Challan particulars :

Challan No. .	Date	Amount	Place of remittance

12 Result of enquiry

In the above circumstances, I recommend that necessary orders may kindly be passed to register the date of Death of _____ of _____ by Registrar of Births and Deaths, _____ . I submit herewith the record of enquiry for kind perusal.

Encl: As said above

Yours faithfully,

Tahsildar,

_____ Mandal.

FORM NO.6

GOVERNMENT OF ANDHRA PRADESH

MEDICAL & HEALTH DEPARTMENT

DEATH CERTIFICATE

(Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules, 1999)

This is to certify that the following information has been taken from the original record of birth, which is in the register for _____ (Local area / local body) of Mandal _____ of District _____ of State Andhra Pradesh State.

Name :

Sex :

Date of Death :

Place of Death :

Name of Mother :

Name of Father /Husband :

Address of the Deceased at the time of Death

Permanent Address of Deceased

.....
.....
.....
.....

.....
.....
.....
.....

Registration No.

Date of Registration

Remarks

Signature of the Issuing Authority
and address/ Seal

Date of Issue.....