



ఆంధ్రప్రదేశ్ ప్రభుత్వం

స్వర్ణ గ్రామం - స్వర్ణ వార్డు



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APPLICATION FOR NON AVAILABILITY CERTIFICATE FOR DEATH

From

To

Name:

The Registrar of Birth and Deaths,

Address:

Registration Unit ID. _____,

Telephone No:

District Name _____,

CDMA Department,

Sir,

Sub: - Request of Non-availability for Death Certificate –Reg.

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I, _____ S/o./W/o. _____

Aged about _____ years working as _____

_____ (Designation & office Address)

Residing at H.No _____

_____ (Complete door No & Address).

I declare that My _____ (Relation & Name)

died at _____ (Place of Death)

because of _____ (Cause of Death) on _____ (Date of Death).

☐ I hereby declare that the above-mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned.

Documents to be enclosed:

Signature of the Applicant

1. Application Form