

Sl. No.

Form No. 4 (See Rule 5)

MADHYAMGRAM MUNICIPALITY

To
The Chairman
Madhyamgram Municipality,
Madhyamgram, North 24 Parganas
Pin - 743275

Date

Sir,

Please register the Death of my _____ in your record book and issue me a certificate.

Registration Unit : Madhyamgram Municipality

- 1. Date of Death :
- 2. Full name of the Deceased :
- 3. Name of Father / Husband :
- 4. Place of Death :
- 5. Age :
- 6. Sex : Male / Female :
- 7. Marital status :
- 8. Occupation :
- 9. Religion, S.C./S.T. :
- 10. Nationality :
- 11. Permanent residential address :
- 12. Cause of Death :
- 13. Whether medically Certified (Doctor's Certificate & Burning ghat certificate) :
- 14. Kind of medical attention received if any :
- 15. Name & Address of Informant :

Signature of Left thumb impression of informant

FOR OFFICE USE ONLY

- 1. Application received on :
- 2. Informed within : 3 days / one month / one year