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
Correct Child Surname: _________________ Correct Child Name: ____________________________

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

Whether You Want to Update Gender: □ Yes □ No
Correct Gender: □ Male □ Female

Whether You Want to Update Deceased Father Name: □ Yes □ No
Correct Father Surname: _________________ Correct Father Name: ____________________________

Whether You Want to Update Deceased Mother Name: □ Yes □ No
Correct Mother Surname: _________________ Correct Mother Name: ____________________________

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

Whether You Want to Update Address at the Time of Death: □ Yes □ No
Correct Line 1 of Address at the Time of Death: ____________________________
Correct Line 2 of Address at the Time of Death: ____________________________
Correct Line 3 of Address at the Time of Death: ____________________________

Whether You Want to Update Permanent Address: □ Yes □ No
Correct Line 1 of Permanent Address: ____________________________
Correct Line 2 of Permanent Address: ____________________________
Correct 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

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**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