



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



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