



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం

Late Registration of Death Application Form

To
The Revenue Divisional Officer,
_____ Division,
_____ District.

Respected Sir,

Sub: - Request for Issue of the Death Registration of my _____-regarding.

I, _____ S/O / D/O / F/O / M/O / W/O _____,
Age ____ years, occupation: _____, R/o H.No. _____, Near _____, _____ Mandal,
_____ Dist. Andhra Pradesh submit the following few lines for your kind perusal and sympathetic favorable
consideration please.

That my _____ name is _____ Age _____ Years, was died
on _____ (dd/mm/yyyy) at H.No. _____, Near _____,
_____ Mandal/Municipality, _____ Dist. Andhra Pradesh. The information regarding
death of my _____ was not informed to the local Births and Deaths Registration Authority of
_____ Mandal/Municipality. Hence the name of my _____ is not recorded in the
Birth & Death Register of _____ Mandal/Municipality.

That my Family requires death certificate for _____ purpose urgently.

I enclosed here with Non availability certificate issued by the GP or Municipal Commissioner, Ration card copy
and Self Affidavit.

Therefore I request you kindly to issue necessary orders to Commissioner, Municipal
Council _____ to record date of death of my _____ and issue Death Certificate as above at the
earliest.

Contact Details:

Landline Number:

Mobile No:

Email ID:

Yours faithfully,

Signature of the Applicant

Procedure: (following to be enclosed)

- 1) Physical Document*
- 2) Non availability certificate issued by the GP or Municipal Commissioner#
- 3) Ration card copy#
- 4) Self Affidavit#

*-mandatory # -any one of them