



Price: ` 1

## 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, Telangana .

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