

APPLICATION FOR BIRTH / DEATH CERTIFICATE

Name of the Applicant: _____

Address: _____

Date: _____

Mob. No. _____

To,
The Registrar of Births & Deaths,
V. P. Carambolim, Tiswadi Goa.

Sub: Request to issue Birth / Death Certificate.

Sir / Madam,

It is kindly requested to issue Birth / Death certificate, the details of which are furnished below

1. Name: _____
2. Fathers Name: _____
3. Mothers Name: _____
4. Date of Birth / Death: _____
5. Place of Birth Death: _____

(Optional)

6. Registration No.: _____
7. Place of Registration: _____
8. Date of Registration: _____

Yours Faithfully

Signature: _____

Name: _____

For Office use only:

Paid Rs. _____ vide receipt No. _____ Date _____

Remarks of dealing clerk _____