APPLICATION FOR BIRTH / DEATH CERTIFICATE

	Name	
	Address Date	
		To,
The Registrar of Birth & Deaths		
* *		
Sub : Applica	ation for Birth / Death Certificate	
Sir,		
I Shri./ Smt	(a)	
hereby apply for birth/ death cer	tificate of	
who was born / died on	at	
and registered in your office unde	er No dated	
	and the second second	

Your's faithfully,

(Signature)