



**AGARTALA MUNICIPAL CORPORATION**  
**CITY CENTRE – PARADISE CHOWMUHANI, AGARTALA**  
**TRIPURA-799001**

**FORM OF APPLICATION FOR ISSUING OF DEATH REGISTRATION CERTIFICATE**  
(Downloaded from the official site of Agartala Municipal Corporation)

1. Name of the Deceased (Block letter):-
2. Sex :-Male/Female
3. Date of Death:
4. Date of Autopsy :
5. Place of Death:
6. Place of Burning/Buried:
7. Cause of Death:-
8. Name of Father/ Husband of the deceased: -
9. Name of Mother of the deceased:-
10. Name of Husband /wife of Deceased:-
11. Address of the deceased (a) Present: -  
(b) Permanent:-
12. Relationship of the deceased with the applicant :-
13. Agartala Municipal Ward No:-

**Signature of applicant  
with date.**

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List of documents to be enclosed with Acknowledgement

1. Original copy of the Death Certificate issued from Hospital/ Nursing home.
2. Death Certificate in original from Govt. recognized medical practitioner in form No.4A in case of home death.
3. Original cremation certificate is required if not burnt under A.M.C recognized Cremation Ground/Burial ground.
4. copy of the F.I.R and Post Mortem certificate along with cases of deaths certificate report in case of an unnatural death (UD cases).
5. In case of duplicate certificate /record of F.I.R/G.D. entry in the nearest Police Station /Police outpost.
6. The citizenship certificate/Ration card/ Voter Identity card/Aadhar card / Pan card Service Identity card of the deceased. as applicant

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(For office use only)

1. Scrutinized the enclosed documents with the filled-in column above and found correct.
2. Prescribed fee deposited for amount of Rs.\_\_\_\_\_ vide receipt No.\_\_\_\_\_ dated \_\_\_\_\_.
3. Cremated at Battala/\_\_\_\_\_ Cremation ground regd. No.\_\_\_\_\_ Dated \_\_\_\_\_
4. Registered under No. \_\_\_\_\_ dated \_\_\_\_\_
5. Recommended for the registration and issuing certificate.

**Dealing Assistant's Signature**  
**Public Health Section A.M.C.**

**Signature of Section In charge**  
**Public Health Section (A.M.C)**

**ORDER OF THE ISSUING AUTHORITY**  
**Health Officer (Registrar Birth & Death)**  
**Agartala Municipal Corporation**

**(Rs. 5/- to be paid during submission of this Application Form)**

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**List of documents to be enclosed duly attested by the Gazetted officer**

1. Original copy of the Death Certificate issued from Hospital/ Nursing home.
7. Affidant from 1<sup>st</sup> class Magistrate or Notary public in case of information submitted after 30days from date of deaths (in case of home /unnatural death)
8. Permission of the Sub-Divisional Magistrate in case of information submitted after 01(one) year from the date of death (in case of home /unnatural death)

