



REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI
APPLICATION FORM – DEATH REGISTRATION ORDER

APPLICANT DETAILS

1. e-DistrictRegistration Number :
(For already Registered User)

OR

2. UID (AADHAAR) No :

3. Name of Applicant : _____

4. Applicant's Relation with Deceased : _____

5. Mobile No. : e-Mail ID : _____@_____

6. Residential Address of Applicant:

House Name/No :	_____	Sub-Locality :	_____
Locality :	_____	Village/Town :	_____
Sub- division :	_____	District :	_____
State :	_____	Country :	_____
PIN Code :	<input type="text"/>		

DECEASED DETAILS

7. UID (AADHAAR) No (if available) :

8. Name of Deceased : _____

9. Name of Father : _____

10. Name of Mother : _____

11. Name of Spouse : _____

12. Gender Male Female Other

Date of Death: DD MM YYYY

Deceased color
Passport Size
Photograph
Size – 5 x 4.5 (Cm.)
Or
2 x 1.75 (Inch)

13. Place of Death Address:

House Name/No :	_____	Sub-Locality :	_____
Locality :	_____	Village/Town :	_____
Sub- division :	_____	District :	_____
State :	_____	Country :	_____
PIN Code :	<input type="text"/>		

14. Address of Deceased at the time of death

House Name/No :	_____	Sub-Locality :	_____
Locality :	_____	Village/Town :	_____
Sub- division :	_____	District :	_____
State :	_____	Country :	_____
PIN Code :	<input type="text"/>		

15. Whether Permanent Address is same as the Address at the time of death: Yes No

16. if No, Permanent Address

House Name/No :	_____	Sub-Locality :	_____
Locality :	_____	Village/Town :	_____
Sub- division :	_____	District :	_____
State :	_____	Country :	_____
PIN Code :	<input type="text"/>		



17. Date of Cremation/Burial: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>		18. Place of Cremation/Burial : _____	
19. Reason Of Non-Registration of Death, if any : _____			
20. Identity Proof of Applicant (Please tick one, provide the document No. and attach the same)			
<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter ID Card	
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Ration Card with Photograph	<input type="checkbox"/> Driving License	
<input type="checkbox"/> Any Govt. recognized document	Document No : <input type="text"/>		
21. Residential Address Proof of Applicant (Please tick one, provide the document No. and attach the same)			
<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License	
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____	
<input type="checkbox"/> Water Bill Utility Name _____		<input type="checkbox"/> Gas Bill Comp Name _____	
<input type="checkbox"/> Telephone Bill Company name _____		<input type="checkbox"/> Any Govt. recognized document	
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>	
22. Identity Proof of Deceased (Please tick one, provide the document No. and attach the same)			
<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Letter (attested) from School Principal (for minor only)	
<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Ration Card with Photograph	<input type="checkbox"/> School ID Card (for minor only)	
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> Birth Certificate (for minor below 5 years only)	
<input type="checkbox"/> Any Govt. recognized document	Document No : <input type="text"/>		
23. Permanent Address Proof of Deceased (Please tick one, provide the document No. and attach the same)			
<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License	
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____	
<input type="checkbox"/> Water Bill Utility Name _____		<input type="checkbox"/> Gas Bill Comp Name _____	
<input type="checkbox"/> Telephone Bill Company name _____		<input type="checkbox"/> Any Govt. recognized document	
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>	
24. Proof of Death (Please tick one, provide the document No. and attach the same).			
<input type="checkbox"/> Cremation/Burial Slip	<input type="checkbox"/> Police enquiry Report	<input type="checkbox"/> Court Order	
<input type="checkbox"/> Nursing home/Hospital Report	Document No : <input type="text"/>		
Declaration: I hereby solemnly affirm & declare that, all of the above furnished information, is true & correct to the best of my knowledge. I am fully aware that furnishing incorrect or false or forged information will lead to punitive action against me under the relevant statutory provisions.			
Date: <input type="text" value="DD"/> <input type="text" value="MM"/> 20YY <input type="text" value=""/>	Applicant Signature : <input type="text"/>		
Place: _____			

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