



**3. Applicant's Contact Details**

<b>a</b>	Mobile Number * (10 digits only)		<b>b</b>	E-Mail	
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**4. Service Specific Information**

<b>a</b>	Deceased First Name *	Deceased Middle Name	Deceased Last Name *

<b>b</b>	Deceased person's Guardian's First Name *	Deceased person's Guardian's Middle Name	Deceased person's Guardian's Last Name *

<b>c</b>	Deceased Person's Address Line 1 *	Deceased Person's Address Line 2 *	Deceased Person's Address Line 3 *

<b>d</b>	Country	State	District	Postal/ZIP Code

<b>e</b>	Date of Death *		<b>f</b>	Service Output Type *	<input type="checkbox"/>	Hard Copy	<input type="checkbox"/>	E-Copy
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<b>g</b>	Applicant's relation with Deceased * (tick the appropriate)	<input type="checkbox"/>	Wife	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Son
		<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Father-in-Law	<input type="checkbox"/>	Mother-in-Law
		<input type="checkbox"/>	Brother-in-Law	<input type="checkbox"/>	Sister-in-Law	<input type="checkbox"/>	Nephew	<input type="checkbox"/>	Niece	<input type="checkbox"/>	Grandson
		<input type="checkbox"/>	Granddaughter	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Daughter-in-Law	<input type="checkbox"/>	

**5. Survival Members Details**

<b>i)</b>	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
<b>ii)</b>	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
<b>iii)</b>	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
<b>iv)</b>	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
<b>iv)</b>	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *

**Note: For Additional Surviving members, please add Additional sheet (given in the last page) maintaining the same format as given above.**

**6. Eligibility**

a	Do you have Affidavit from 1 <sup>st</sup> Class Magistrate // Public Notary saying, you are Legally an heir of the Deceased? *	Yes	No
b	Do you have Death Certificate of the Deceased? *	Yes	No
c	Have you deleted the name of the deceased from the Family Ration Card? (If YES, Ration Card Copy after Deletion of the Deceased Name, need to be uploaded.) *	Yes	No
d	Do you have all Surviving Members' ID-Proofs in One Document? *	Yes	No
e	Do you want to upload any Other Supporting Document?	Yes	No
f	For Married woman: Do you have document mentioning Father's name? *	Yes	No

Please provide details for the items you have selected "Yes" –

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				

**7. Declaration**

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression

Additional Sheet:

	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
	Age (in years) *	Address *	Relationship with Deceased *