

**REQUEST FORM FOR DISPOSAL OF DEAD BODIES DUE TO COVID-19**  
**(to be submitted through Whatsapp No. 8787399530)**

To,

The DC/District Magistrate,  
Imphal West District.

Subject: Performing last rites of dead body died due to COVID-19

Sir,

I have the honour to request you to kindly take up disposal of dead body of my father/mother/son/wife/Grandfather/Grandmother who died due to COVID-19 on \_\_\_\_\_ at \_\_\_\_\_ (place) as per relevant guidelines/instructions issued by the Government from time to time.

The details of the deceased are as below:

1. Name of the deceased \_\_\_\_\_
2. Address of the deceased \_\_\_\_\_
3. Date and time of Death \_\_\_\_\_ (***enclose Death Certificate issued by the concerned Health officials along with a letter for disposal issued by the concerned Hospital authority***).
4. Place of Death \_\_\_\_\_ (***mention the name of the Hospital for Hospital death cases***)
5. Preferred site for performing last rites (***please indicate whether IMC or local Crematorium/Burial Site***) \_\_\_\_\_

Enclosed: as above

Yours faithfully,

(Signature of the Relative of Deceased)

Date:-

Name:

Relation:+

Address:

Contact No.

**FOR CREMATION/BURIAL AT LOCAL CREMATORIUM/GRAVEYARD**

We/I, \_\_\_\_\_ the \_\_\_\_\_ undersigned, \_\_\_\_\_ Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ Convenor/President/Secretary of the \_\_\_\_\_  
\_\_\_\_\_ (Club/Crematorium Board/Burial Site) have '**No**  
**Objection**' to the disposal of Dead Body of \_\_\_\_\_ at the locality  
Crematorium/Burial site viz. \_\_\_\_\_ subject to the adherence of  
COVID-19 related protocols.