



Urban Local Bodies Uttar Pradesh

Death Registration Form

*** Mandatory Field**

Applicant / Informer Details

Name* ----- Relation with Deceased -----
Mobile No* ----- House Name / No* -----
Mohalla / Street* ----- Village / City* -----
District* ----- Pin Code * -----

Deceased Details

Date of Death* ----- Gender* -----Male / Female -----
Mother's Name* ----- Father's Name* -----
Deceased Name* ----- Religion* -----
Age at Death * ----- Actual cause of Death* -----

Death Place Details

Place of Death* ----- Zone Name -----
Ward Name ----- Mohalla Name* -----
Village/City/House No* ----- Police Station* -----

Deceased Permanent Address

Village/City/House No* ----- Post Office * -----
Police Station * ----- District * -----
Pin Code * -----

Other Details

Deceased's Occupation * ----- Is Death Medically Certified* ----- Yes / No -----
Whether Pregnancy Death * ----- If Habitual of Smoking * ----- Yes / No -----
If Habitual of Smoking * ----- Yes / No ----- If Habitual of Pan/Supari * ----- Yes / No -----
If Habitual of Tobacco* ----- Yes / No ----- If Habitual of Alcohol * ----- Yes / No -----

Proof of Death Affidavit / License / Pan Card / Voter ID / Residence Proof

<http://www.e-nagarsewaup.gov.in/ulbapps>