

## **AFFIDAVIT FORMAT TO OBTAIN DEATH CERTIFICATE**

### **Note:**

- 1. Self – declared affidavit is not accepted.**
- 2. All blanks to be duly filled.**

**IN THE COURT OF EXECUTIVE MAGISTRATE: ITANAGAR/NAHARLAGUN/BANDERDEWA**

**PAPUM PARE DISTRICT: ARUNACHAL PRADESH**

### **A F F I D A V I T**

I Shri/Smt. **(APPLICANT NAME)**, son/daughter/wife of Shri **(APPLICANT'S FATHER/HUSBAND NAME)**, Permanent resident of village **(VILLAGE/TOWN)**, PO- **(POST OFFICE)**, PS- **(POLICE STATION)**, Distt.- **(District)**, State of **(State)** and presently residing at ward No- **(Ward No.)**, Sector / Village- **(Sector/Village)**, Po- **(POST OFFICE)** , Ps-**(POLICE STATION)**,, Distt.- **(District)**, State -**(State)**, do hereby declare as follows:

1. That Late **(NAME OF THE DECEASED)** was my **(RELATION OF DECEASED TO APPLICANT)**.
2. That his/her date of death was on **(DATE OF DEATH (dd/mm/yyyy))**.
3. That **(NAME OF DECEASED)** possesses Aadhar and its number is **(AADHAR NUMBER OF DECEASED/ APPLICANTS AADHAR NO. INCASE DECEASED DOESN'T POSSESS AADHAR)**.
4. That his/her place of death was at **(PLACE OF DEATH)**.
5. That this affidavit is sworn into obtain death Certificate from the competent authority.

### **D E C L A R A T I O N**

I Shri/Smt. **(APPLICANT'S NAME)** declare that the above statements from Para 1 to 5 are true to the best of my knowledge and belief, if any false declaration, I shall be liable to punishment as per the provision of Aadhar Act, 2016 and also the registration of Birth & Death Act, 1969.

**DEPONENT**

Executed and signed before me by Shri/Smt..... in my court on this.....day of.....20\_\_ . **(ALL BLANKS IN THIS SECTION TO BE FILLED BY THE MAGISTRATE)**

**EXECUTIVE MAGISTRATE**