

## Navi Mumbai Municipal Corporation

Application and Inspection List (Late Death Registration Certificate)

<p>(for office use only)</p> <p style="text-align: center;"><b>Acceptance</b></p> <p>Token no. <input style="width: 150px;" type="text"/></p> <p>File No. <input style="width: 150px;" type="text"/></p> <p>Inspection No. <input style="width: 80px;" type="text"/></p> <p>Distribution Window No. <input style="width: 60px;" type="text"/></p> <p>Date <input style="width: 150px;" type="text"/></p> <p style="text-align: center;">Signature of Accepting Clerk</p>	<p>(for office use only)</p> <p style="text-align: center;"><b>Distribution</b></p> <p>Token No. <input style="width: 150px;" type="text"/></p> <p>File No. <input style="width: 150px;" type="text"/></p> <p>Signature for certificate-----</p> <p>Name: -----</p> <p>Date <input style="width: 150px;" type="text"/></p> <p style="text-align: center;">Signature of Distributing Clerk</p>
--	---

(for applicant's use)			
To, The Ward Officer, Navi Mumbai Municipal Corporation, Navi Mumbai.			
Subject : Application for Late Death Registration Certificate			
Applicant's details			
Surname	Name	Father/Husband's Name	
Applicant's name and other information			
Ward			
Node			
Sector			
Plot no.			
Building/house no.			
Telephone no.			
Applicant's relation			
Name of the Deceased	Surname	Name	Father/Mother's Name
Date of Death			
Sex of deceased			
Place of death			
Place of cremation			
Date of cremation			
Copies of certificate required			
Documents required for the certificate			
Sr.No.	Documents	Yes	No
1	Medical certificate form no. 4 or 4A		

Applicant's signature  
(Name : \_\_\_\_\_ )

Place : \_\_\_\_\_

Date : \_\_\_\_\_