To The Sub – Divis	ional Magistrate					
Sub: Prayer for	Sub: Prayer for Survival Certificate					
Sir, I would like to a	vail the aforesaid service	from your office. Required details are	e furnished hereunder			
1. <u>Applica</u>	nt's Personal Details					
a Applicant's	Salutation * (tick the approp	oriate) Mr. Mrs. Ms.	Er. CA Dr. Prof.			
Appl	cant's First Name *	Middle Name	Last Name *			
c Guardian's S	alutation * (tick the approp	riate) Mr. Mrs. Ms.	Er. CA Dr. Prof. Late			
d Gua	dian's First Name *	Guardian's Middle Name	Guardian's Last Name *			
Relation with		Spouse Father Brother Sister	Mother Son Father-in-Law Mother-in-Law			
e Guardian * ( the appropri		Sister-in-Law Nephew Grandfather	Niece Grandson Daughter-in-Law			
f Applicant's I Birth * (dd/m		g Applicant's Gender * (tick the appropriate)	Male Female Transgender			
Marital		olicant's ST Applic				
h Status * (tick the	Married i Cas		On ^(tick Sikhism Islam			
appropriate)	Divorced	oropriate) Other approp	Jainism			
		Illiterate Literate (without educational lev	Diploma or Equivalent Vel). Graduation or Equivalent			
k Applicant's C appropriate)	ualification * (tick the	Primary Schooling (I - V) Secondary Schooling (VI - VIII)	Post-Graduation or Equivalent			
		Senior Secondary Schooling (I) Higher Secondary Schooling (X	(-X) Post-Doctoral or Equivalent			
Applicant's E (tick the app	conomic Status *	PL BPL <b>m</b> Applicant's Aadhaar Num	bor			
	nt's Addressl Details					
District *		Sub Division *				
L						
Location Type *						
Name of Block / Municipal Corporation / Municipality / Nagar Panchayat / ADC						
Name of Gram Panchayat / Ward / Village Council						
Name of Habitation / Area Name / House No						
Name of Tehsil	Name of Tehsil Police Station Post Office and Pin code *					

	3. Applicant's Contact Details		
а	Mobile Number * (10 digits only)	b E-Mail	
а	4. <u>Service Specific Information</u> Deceased First Name *	Deceased Middle Name	Deceased Last Name *
b	Deceased person's Guardian's First Name *	Deceased person's Guardian's De Middle Name	ceased person's Guardian's Last Name *
С	Deceased Person's Address Line 1 *	Deceased Person's Address Line 2 * Dec	ceased Person's Address Line 3 *
d	Country Sta	te District	Postal/ZIP Code
е	Date of Death *	f Service Output Type *	Hard Copy E-Copy
g	Applicant'sWiferelation withDaughterDeceased * (tickBrother-in-Lawthe appropriate)Granddaughter	Brother Sister F Sister-in-Law Nephew N	Iother Son   ather-in-Law Mother-in-Law   liece Grandson   vaughter-in-Law Image: Son
	5. <u>Survival Members Details</u>		
	First Name *	Middle Name	Last Name *
i)	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
ii)	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
iii)	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
iv)	Age (in years) *	Address *	Relationship with Deceased *
	First Name *	Middle Name	Last Name *
iv)	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

а	Do you have Affidavit from 1 <sup>st</sup> Class Magistrate / / Public Notary saying, you are Legally an heir of the Deceased? *		Yes	I	No
b	b Do you have Death Certificate of the Deceased? *		Yes		No
с	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	I	No
d	Do you have all Surviving Members' ID-Proofs in One Document? *		Yes	1	No
е	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
а				
b				
с				
d				
е				
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 *
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 *