To
The Sub – Divisional Magistrate

Sub: Prayer for Survival Certificate

Sir,
I would like to avail the aforesaid service from your office. Required details are furnished hereunder

1. Applicant’s Personal Details
   a. Applicant’s Salutation * (tick the appropriate)  [Mr. Mrs. Ms. Er. CA Dr. Prof.]
   b. Applicant’s First Name * Middle Name Last Name *
   c. Guardian’s Salutation * (tick the appropriate)  [Mr. Mrs. Ms. Er. CA Dr. Prof. Late]
   d. Guardian’s First Name * Guardian’s Middle Name Guardian’s Last Name *
   e. Relation with Guardian * (tick the appropriate)  [Wife Daughter Brother-in-Law Granddaughter]
                                                  [Spouse Brother Sister-in-Law Grandfather]
                                                  [Grandfather Father Sister Nephew Grandmother]
                                                  [Mother Father-in-Law Niece Daughter-in-Law Son]
                                                  [Son Mother-in-Law Niece Brother-in-Law Grandson]
   f. Applicant’s Date of Birth * (dd/mm/yyyy)
   g. Applicant’s Gender * (tick the appropriate)  [Male Female Transgender]
   h. Marital Status * (tick the appropriate)  [Widow / Widowery Married Single Divorced]
   i. Applicant’s Caste * (tick the appropriate)  [ST SC OBC Others]
   j. Applicant’s Religion * (tick the appropriate)  [Hinduism Sikhism Buddhism Jainism]
                                                  [Christianity Islam Other]
   k. Applicant’s Qualification * (tick the appropriate)  [Illiterate Literate (without educational level).
                                                  [Primary Schooling (I - V) Secondary Schooling (VI - VIII)]
                                                  [Senior Secondary Schooling (IX - X) Higher Secondary Schooling (XI - XII)]
                                                  [Others Diploma or Equivalent Graduation or Equivalent]
                                                  [Post-Graduation or Equivalent Doctoral or Equivalent]
                                                  [Post-Doctoral or Equivalent Others]
   l. Applicant’s Economic Status * (tick the appropriate)  [APL BPL]
   m. Applicant’s Aadhaar Number

2. Applicant’s Address Details
   District * Sub Division *
   Location Type * [Block Municipal Corporation] [Municipality Nagar Panchayat ADC]
   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 Police Station Post Office and Pin code *
3. **Applicant's Contact Details**

   a. Mobile Number * (10 digits only)  
   b. E-Mail

4. **Service Specific Information**

   a. Deceased First Name *  
   b. Deceased person’s Guardian’s First Name *  
   c. Deceased Person’s Address Line 1 *
   d. Deceased Middle Name  
   e. Deceased person’s Guardian’s Middle Name  
   f. Deceased Person’s Address Line 2 *  
   g. Deceased person’s Guardian’s Last Name *  
   h. Deceased Person’s Address Line 3 *
   i. Country  
   j. State  
   k. District  
   l. Postal/ZIP Code

5. **Survival Members Details**

   i) First Name *  
   ii) First Name *  
   iii) First Name *  
   iv) First Name *

   a. Age (in years) *  
   b. Address *  
   c. Relationship with Deceased *

   a. Wife  
   b. Daughter  
   c. Brother  
   d. Brother-in-Law  
   e. Granddaughter  
   f. Spouse  
   g. Sister  
   h. Sister-in-Law  
   i. Grandfather

6. **Service Output Type**

   a. Hard Copy  
   b. E-Copy

Note: For Additional Surviving members, please add Additional sheet (given in the last page) maintaining the same format as given above.
6. **Eligibility**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Do you have Affidavit from 1st Class Magistrate / Public Notary saying, you are Legally an heir of the Deceased? *</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>b</td>
<td>Do you have Death Certificate of the Deceased? *</td>
<td>Yes</td>
<td>No</td>
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<td>c</td>
<td>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.) *</td>
<td>Yes</td>
<td>No</td>
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<td>d</td>
<td>Do you have all Surviving Members' ID-Proofs in One Document? *</td>
<td>Yes</td>
<td>No</td>
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<td>e</td>
<td>Do you want to upload any Other Supporting Document?</td>
<td>Yes</td>
<td>No</td>
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<td>f</td>
<td>For Married woman: Do you have document mentioning Father’s name? *</td>
<td>Yes</td>
<td>No</td>
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Please provide details for the items you have selected “Yes” –

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<thead>
<tr>
<th></th>
<th>Document Name</th>
<th>Reference No.</th>
<th>Date of Issue</th>
<th>Issued by</th>
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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
<table>
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<tr>
<th>First Name *</th>
<th>Middle Name</th>
<th>Last Name *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years) *</td>
<td>Address *</td>
<td>Relationship with Deceased *</td>
</tr>
</tbody>
</table>

Additional Sheet: