Annexure Form

PARTICULARS OF THE DECEASED

(For Registration of Death and for No Objection Certificate to Carry Mortal Remains (Body/Ashes) to India)

Paste a recent photograph of the deceased (2" x 2")

Note:

1. This form is to be submitted in addition to the Common Application Form for Miscellaneous Services.
2. Please fill the form in capital letters.

1. Name of the Deceased (as per Passport):

Given (First) Name: _____ Middle Name (Optional): _____

Surname (Last Name): _____

2. Date and Place of Birth of the Deceased:

Date (DD/MM/YYYY): _____ Place: _____

3. Sex: _____ **Age at the time of Death (in years):** _____ **Marital Status:** _____

4. Passport / OCI Details:

(a) Passport Details:

Passport Number: _____ Nationality: _____

Date of Issue (DD/MM/YYYY): _____ Place of Issue: _____

(b) OCI Details (if applicable):

OCI Number: _____

Date of Issue (DD/MM/YYYY): _____ Place of Issue: _____

5. Occupation & Business Address:

_____

6. Legal Status in USA: _____

7. Date and Place of Death:

Date (DD/MM/YYYY): _____ Place: _____

8. Manner of Death: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined

9. Cause of Death: _____

10. Mortal Remains taking to India (Please indicate): ☐ Body ☐ Ashes

11. Local Address of the Deceased in USA:

_____

_____

12. Indian Address of the Deceased (if any):

_____

_____

I declare that the information given above is correct and nothing has been concealed

Place: _____ Date (DD/MM/YYYY): _____

Signature of the Applicant / Informant: _____