



MICELLANEOUS FORM For REGISTRATION OF DEATH/TRANSPORTATION OF BODY/ASHES

(A) Details in respect of the deceased:

1. Full name : _____
2. Date of Birth: _____ Place of Birth: _____
3. Passport Particulars:
Number: _____ Date of Issue: _____ Place of Issue _____
4. Immigration Status: _____
5. Residential address:

In India:	In Canada:
Tel No:	Tel No:

6. Professional / Business Address _____

_____ Tel No. _____
7. Name of Father and Nationality _____
8. Name of spouse and Nationality _____

(B) Applicant's details:

1. Name of applicant(/Funeral Home) :
2. Passport No :
3. Telephone Number :
4. Professional/Business Address :

Seal and Signature of Funeral Home/Applicant



DEATH CERTIFICATE

1. Date of Death:
2. Place of Death:
3. Name & Surname of the Deceased:
4. Father's/ Husband's Name:
5. Gender/Sex:
6. Date of Birth/ Place of Birth:
7. Occupation:
8. Nationality & Religion:
9. Last Place of Abode:
10. Cause of Death:
11. Manner in which the body was disposed off:
12. Passport Number:

Consulate General of India –Toronto

Certified that the death of above mentioned Indian National has been registered on page no.____ of Death Register vide S No.____dated_____maintained in this office vide receipt no.____dated_____.