

**Certification to be issued by PAO/DTO/DDO/POP/POP-SP/CHO/CBO/ Aggregator in case of
Death Claims**

(To be issued only if Death Certificate is received in Vernacular Language)

This is to certify that following is the extract of information that has been mentioned in the Death certificate received for the deceased subscriber Shri. /Smt./Kumari
....., PRAN which is available in (name of language).

Name	
Name of Father/Husband	
Sex	
Date of Death	
Place of Death	
Permanent Address, if mentioned in attached death certificate	
Registration No./Sl. No. of Death Certificate	
Date of Registration (DD/MM/YYYY)	
Death Certificate issued by (Name of Municipal Council/State along with place)	

Place:

Date:

I hereby declare that above details are true and correct as per the particulars mentioned in the death certificate issued by the Registrar of Birth and Death of
(Name of place) in (Name of State).

Signature of the PAO/DTO/DDO/POP/POP-SP/ CHO/CBO/ Aggregator along with Stamp