



REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI
OFFICE OF THE DISTRICT MAGISTRATE
<<SUB-DIVISION>> : <<DISTRICT>>DISTRICT



SURVIVING MEMBER CERTIFICATE



Certificate No. :<< Certificate No>>

Date : << Date of Digital Signing >>

This is to certify that <<Mr. /Mrs. /Ms. >> <<Deceased Name>>
<<Son/Daughter/ Wife >> of <<Father's/Husband's Name>> expired on <<Date of
Death of the Deceased>> at <<Place of Death >> leaving behind the following surviving
members in his family:

Sl. No	Name	Age(in Years)	Relation with Deceased	Photo
<<>>				

Digitally Signed by: << Authority Name>>

Designation: <<Designation of Authority>>

Location: <<Location of Signing>>

Date and time of Signing: <<Signing Date & Time>>

सत्यमेव जयते

1. This certificate is valid as per Information Technology Act 2000 as amended from time to time.
2. The Authenticity of this certificate should be verified at "<<web address for verification>>". Any discrepancy in the details on this document when compared to those available on the website renders it invalid.
3. The onus of checking the legitimacy is on the users of the document.
4. In case of any discrepancy please inform the authority issuing this certificate..