



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