Widow/Widower Legal Heir Certificate Application

To, The Concerne	d Authority						
Subject: Appli	cation for Le	gal Heir Certificate					
Respected Si	r/Madam,						
 Applicant D Name of Appl 		/Widower):					
		,					
Relation with [Deceased:						
Address:							
Mobile Numbe	er:						
Email:							
2. Deceased Name of Dece		ls					
Date of Death:							
Address of Deceased:							
Death Certificate Number (if any):							
3. Details of L S. No.	egal Heirs Name	Relationship with Deceased	Age	Address			
3.140.	Name	Relationship with Deceased	Age	Addiess			
Purpose for which Legal Heir Certificate is required:							
Enclosures:							
 Applicar Relation Address 		ty Proof					
Cignoture	of Applicant						
Signature	of Applicant						

Date