

**Annexure-1**

**[FORM-C]**



**Consulate General of India  
Dubai (U.A.E)**

**Post Box No.737, Tel: 3971222, 3971333, Fax: 3570529**

**DEATH CERTIFICATE**

**(Death Registration of Indian nationals within the jurisdiction of the)**

No. DUBA/DC/\_\_\_\_\_/20

1. Full name of deceased : \_\_\_\_\_
2. When and where died : \_\_\_\_\_
3. Passport details Number: \_\_\_\_\_  
Date & Place of issue \_\_\_\_\_
4. Sex, Age and Marital Status : \_\_\_\_\_
5. Actual cause of death, as per death certificate : \_\_\_\_\_
6. Leading cause of death, as per death certificate : \_\_\_\_\_
7. Date of entry to UAE : \_\_\_\_\_
8. Details of dependants/ family members : \_\_\_\_\_  
\_\_\_\_\_
9. Contact details of dependent/ Family Address: \_\_\_\_\_  
Tel No : \_\_\_\_\_  
Email ID: \_\_\_\_\_
10. Name, Occupation and local Address of the informant : Mr./Mrs. \_\_\_\_\_  
P.O. Box No. \_\_\_\_\_ Emirate \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email ID: \_\_\_\_\_
11. Name and address of Sponsor/ Company/ Employer : Name \_\_\_\_\_  
: M/s \_\_\_\_\_  
: P.O. Box No. \_\_\_\_\_ Emirate \_\_\_\_\_  
: Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
: Mob: \_\_\_\_\_ Email ID \_\_\_\_\_
12. Details of End of service benefits : \_\_\_\_\_
13. Accident case no. : \_\_\_\_\_
14. Details of insurance, if any Policy No: \_\_\_\_\_  
Insurance company: \_\_\_\_\_