**Annexure-I**

**[Form-C]**

**Consulate General of India, Dubai**

**DEATH CERTIFICATE**

**(Death Registration of Indian Nationals within the jurisdiction of this Consulate)**

 **NO. DUBA/DC/ /2024**

|  |  |  |
| --- | --- | --- |
| 1. | Full name of deceased  |  |
| 2. | When and where died  |  |
| 3. | Passport Details  | Passport Number |  |
| Date & Place of Issue |  |
| 4. | Sex, Age and Marital Status |  |
| 5. | Direct Cause of Death, as per death notification / forensic report |  |
| 6. | Leading Cause of Death, as per death notification / forensic report |  |
| 7. | Date of Entry to UAE |  |
| 8. | Contact Details of Dependents / Family  | Address : Pin: Tel No.: E-mail ID :  |
| 9. | Name, Occupation and Local Address of the Informant | Name :Tel No.:  |
| 10. | Name and address ofSponsor / Company / Employer | Name :Address : Tel No.: E-mail ID :  |
| 11. | Details of End of Service Benefits |  |
| 12. | Accident Case No. |  |
| 13. | Details of Insurance, if any | Policy No. |  |
| Insurance Company |  |

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***Post Box No. 737, Plot No. 314, Al Hamriya Diplomatic Enclave, Bur Dubai, Dubai (UAE), Tel No. : +971-4 – 3971222/333, Fax: +971-4-3970453, E-mail :*** *deathregistration.dubai@mea.gov.in**,* ***Website :*** [*www.cgidubai.gov.in*](http://www.cgidubai.gov.in/)