**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 of  Sponsor / 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 | |  |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***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*](mailto:deathregistration.dubai@mea.gov.in)*,* ***Website :*** [*www.cgidubai.gov.in*](http://www.cgidubai.gov.in/)