## SHREE HINDU MANDAL

# DAR ES SALAAM

## WELFARE BOARD

## **APPLICATION FOR CREMATION CERTIFICATE**

1. DECEASED DETAILS	
1.1. Full Name of the	
Deceased	
1.2. Date of Cremation	

2. APPLICANT DETAILS	
2.1. Full Name of Applicant	
2.2. Relation to Deceased	
2.3. Mobile Number	
2.4. Email Address	

## **DECLARATION BY THE APPLICANT**

On behalf of the family of ......[Name of Deceased] I hereby submit Application For Cremation Certificate. I shall handover the certificate to the next of kin of the Deceased.

Signature of the Applicant ......Date.....Date.....

1. Application Received Date:	
2. Cremation Date	
3. Certificate Reference No	
4. Certificate Issue Date	
5. Certificate Collected by:	

Signature of the Collector ......Date.....Date.....