

[**EMBASSY OF INDIA**](mailto:consular.luanda@mea.gov.in)

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**REGISTRATION OF DEATH OF AN INDIAN CITIZEN**

**Note: Fill up misc form also**

|  |  |
| --- | --- |
| **When and where occurred**  **(Place and date** |  |
| **Name in full** |  |
| **Sex** | **Male / Female** |
| **Date of birth / age on death** |  |
| **Passport particulars** |  |
| **Rank, profession or occupation & claim**  **to Indian citizenship** |  |
| **Residence at the time of death** |  |
| **Signature of the informant** |  |
| **Description & residence of informant** |  |
| **Date of registration** |  |
| **Signature of the Consular Officer** |  |
| **Registration No. and date** |  |
| **Consular reference number** |  |

**(Seal of the Embassy)**

**Seal & Signature of**

**Consular Officer**