#### **HIGH COMMISSION OF INDIA**

Villa No. 18, Royal Villas, Ezulwini, Eswatini www.hcimbabane.gov.in /cons.mbabane@mea.gov.in Phone: +268 – 24171413

# Paste Passport Size Picture

#### **APPLICATION FORM FOR REGISTRATION OF DEATH OF INDIAN**

#### Please fill the details of the deceased person

| b) Alias(s), if any (In Capital lette      | ers):   |
|--|---|
| 2. Nationality of the deceased:            |   |
| ·  | Place of Birth:   |
| 4. (a) Residential Address:                |   |
| In Eswatini                                | In India  |
|  |   |
|  |   |
| Tel No. (+268)                             | Tel No. (+91)   |
| 181 NO. (+208)                             | Tel No. (+91)   |
| Email:                                     | Email:  |
| 4 (b) : Company/Employer's Address:        | ·   |
| 5. Particulars of the Passport/Travel docu | ument:  |
| a) Passport No:                            |   |
| b) Date of Issue:                          | Date of expiry -  |
| c) Place of Issue –                        |   |
| 6. Service Required:-                      |   |
| Nature of Service Required                 | Registration of death of Indian, NOC for                              |
|  | transportation of Mortal Remains(body) to India and Sealing of Coffin |
| Reason for request of the Service          | and Sealing of Cottin   |
|  |   |
| Place -                                    | Informant Name & Signature, Address                                   |
| Date –                                     |   |

### High Commission of India



#### Mbabane

## Certificate of entry of Death of an Indian Citizen- Death within the Consular Jurisdiction of the High Commission of India at Mbabane (Eswatini)

| S.No. | When & where died | Name &<br>Surname | Sex | Age | Rank,<br>Profession<br>or<br>occupation<br>and claim<br>to Indian<br>citizenship | Residence<br>at the<br>time of<br>death | Description<br>&<br>residence<br>of<br>informant | When<br>registered | Signature of Consular<br>Officer |
|-------|-------------------|-------------------|-----|-----|--|---|--|--------------------|----------------------------------|
| 1     | 2                 | 3                 | 4   | 5   | 6  | 7                                       | 8  | 9                  | 10                               |
|       |                   |                   |     |     |  |   |  |                    |                                  |

Signature of the informant Name Phone No: Please attach passport copy of the Informant Address: