

Form No. 23 H.

To

THE HEALTH OFFICER,  
The Corporation of Calcutta.

Required a certified extract from the Death Register in respect of the following:—

1. Name of deceased *late Saradhar Bhattacharya*  
*by liver troubles (Mentioned in doctor's certificate deposited in Keoratala.)*
2. Age *58 yrs.*
3. Sex *Male*
4. Caste *Bramhin*
5. Profession *Service*
6. Place of death *Medical College Hospital*
7. Date of death *21/3/80 [Twenty first march of 1980]*
8. Date of Registration *22/3/80*
9. Place where the body was disposed of *In electric furnace of Keoratala.*  
(Wooden or Electric Furnace in case of Keoratala).
10. No. of copies required *Two copies.*
11. Fee paid Rs. *7/-* P. *Radip Bhattacharya*  
Signature of applicant.

Address of the  
applicant in full

*Kamdhari (Bidhan Pally); P.O. - Garia; Dist. - 24 Pgs.*

Date *7/4/80*

N. B.—Certified extracts from Death Registers are available after thirty clear working days after the date of application, not exceeding 2 copies at a time.

[P. T. O.]