

## Widower/Widow Certificate

Date:

Certificate No.:

This is to certify that , son/daughter of ,  
residing at , is declared as: ☒ Widower ☐ Widow under the records  
available in our office.

Name of deceased spouse:

Date of spouse's death:

This certificate is issued for the purpose of

Signature of Issuing Authority:

Designation:

Office Seal: