		CONTACT NO From:
V.P. I	Sarpanch, Usgao Ganjem, a, Goa	DATE:
i Olida	Sub: Request to issue Heirship Certif	jicate
Mada	nm/Sir,	reace.
I	<i>5</i> ,	R/o the above address
		irship Certificate required by me to produce for the purpose of
the :	relationship with the deceased) ha	my(Mention as expired on at h nos family members are legally
heirs	after the death of Shri/Smt.	
	he details of the heirs are given below:-	Deletionship with the deceased Age
Sr. No.	Name	Relationship with the deceased Age
K	indly do the needful, I oblige.	
Tl	hanking You,	
	<b>C</b> ,	Voue's Foithfully
		Your's Faithfully,
		Name & Signature
		Name & Signature
Verif the 1		entioned by the applicant are correct and Certificate may be granted on basis of other.
Ward	l Member Name & Signature	