



High Commission for the People's Republic of Bangladesh, Canada

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Please attach 1 copy of
40 mm X 50 mm
photograph taken within
the last six months

APPLICATION FOR REPATRIATION OF MORTAL REMAIN

Service Priority: Ordinary Urgent

PLEASE COMPLETE ALL ITEMS OR WRITE "N/A" (NOT APPLICABLE) IF NEEDED. PLEASE TYPE IN BOLD LETTERS

1. Name: _____
2. Nationality: _____ 3. Profession: _____
4. Date of birth: _____ [DD- MM- YYYY] 5. Place of birth (District): _____
6. Sex: Male Female Other 7. Marital status: Single Married Widow/Widower Divorced
8. Father's / Husband's Name: _____ Nationality: _____

9. Present Address 10. Address in Bangladesh
House/Apt: _____ Street: _____ Village/Area/Road: _____
City: _____ Province: _____ Postal: _____ Post Office: _____ Thana/Upazila: _____
Tel: _____ E-mail: _____ District: _____ Tel (if any): _____

11. Particulars of Applicant's Passport/ID:

12. Particulars of Deceased Person:

Passport No/ID: _____ Place of issue: _____ Passport No: _____ Place of issue: _____
Date of issue: _____ [DD- MM -YYYY] Date of issue: _____ [DD- MM -YYYY]
Date of Exp: _____ [DD- MM -YYYY] Date of Exp: _____ [DD- MM -YYYY]

13. Method of Payment Bank Draft / Money Order No/Receipt No: _____ Date: _____ [DD - MM -YYYY]

Issued by: _____ Amount (C\$): _____

The best of my knowledge and belief the information given in this application is correct. I am fully aware that by making a statement that is not true, I will render myself liable to prosecution under the law.

14. Relating/Authorized person to receive the deceased person's remain in Bangladesh:

Name: _____ Address: _____ Village/Area/Road: _____

Post Office: _____ Police station: _____ District: _____ Tel: _____

Cell Phone No. _____ Fax: _____ E-mail _____

Signature of the Applicant:

Date: _____

Place: _____

Office Use Only :

Remarks: _____

Serial No: _____ Passport No: _____

Amount(C\$) _____ Receipt no: _____

Signature of the issuing officer: _____

Date: _____