Form MS-3  
Fee: $1  
ICWF: $2  
APPLICATION FOR NO OBJECTION CERTIFICATE TO CARRY  
BODY/ASHES OF THE DECEASED INDIAN CITIZEN

1. Name of the Deceased

2. Date of Birth  (DD/MM/YYYY)

3. Place and country of birth

4. Father’s name

5. Mother’s name

6. Spouse name and Nationality

7. Permanent address in India

8. US address

9. 

10. 

11. Passport Number

12. Place and Date of Issue  (DD/MM/YYYY)

13. Date of expiry  (DD/MM/YYYY)
PARTICULARS OF THE RELATIVE/FRIEND

14. Name of the Applicant

15. Passport Number

16. US address

17. Mobile Number

I declare that the information given above is correct and nothing has been concealed and I am aware that it is an offence to knowingly furnish false information or suppress material information.

Signature:
Place:
Date: