

CHANDIGARH ADMINISTRATION
DEPARTMENT OF HEALTH
MUNICIPAL CORPORATION, CHANDIGARH
Death Certificate

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Chandigarh Registration of Births and Deaths Rules 2000)

This is to Certify that the following information has been taken from the Original record of death which is the register for (local area/local body)

Tehsil/Block of District

of State Union Territory

Name Sex

Date of Death Place of Death

Name of Father/Husband

Name of Mother

Address of deceased at the time of death

Permanent Address of deceased

Registration No. Date of Registration

Remarks (if any)

Seal

Signature of the issuing authority

Chief Registrar

“ENSURE REGISTRATION OF EVERY BIRTH AND DEATH”