

GOVT. OF INDIA
ADMINISTRATION OF THE
UNION TERRITORY OF LAKSHADWEEP
DEPARTMENT OF MEDICAL AND HEALTH SERVICES

FORM NO. 6
(See Rule 8)
DEATH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area)of Tahsil.....of District.....of State.....for the year.....

Name.....

Sex.....

Date of Death.....

Place of Death.....

Name of Father/Husband.....

Address of the deceased.....

Registration No.....

Date of Registration.....

Date.....

Signature of Issuing Authority
Address of the Issuing Authority
Seal