

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

POSTMORTEM EXAMINATION CUM EMBALMING CERTIFICATE

This is to certify that Postmortem examination cum embalming has been conducted on the dead body of (Late) _____ Age _____ yrs

Sex _____ S/D/W/H of _____

R/o _____

On _____ at _____.

This body is fit to be carried by air/road/any other means of transport and shall remain fit for the next _____ hrs/days/weeks/months w.e.f the time of embalming.

Place:

Date:

Signature of Medical Officer

Full Name:

Designation:

Seal: