

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

---

**DEAD BODY IDENTIFICATION**

This is to certify that the dead body is that of (Late) \_\_\_\_\_

Age \_\_\_\_\_ yrs, Sex: Male/Female, S/ W/ D/ H of \_\_\_\_\_

R/o \_\_\_\_\_

Ref: \_\_\_\_\_

P.M No:		Date:	
---------	--	-------	--

The names of the identifying persons are:

1. Investigating Officer: 

--	--	--

Designation                      Name                                      Signature

2. 

--	--	--

Name of identifying person                      Signature                                      Relation

3. 

--	--	--

Name of identifying person                      Signature                                      Relation

Signature of the Medical Officer

Full Name:

Designation:

Seal: