

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

HANDING OVER OF DEAD BODY TO INVESTIGATING OFFICER

This is to certify that the dead body of (L) _____

Age: _____ Sex: _____ S/D/W/H of _____

R/o _____

is handed over to _____ of _____

following autopsy.

Ref: _____

PM No: _____ Date: _____

Signature: _____

Name: _____

Designation: _____

Date: _____

Time: _____

Signature of M.O: _____

Name of M.O: _____

Designation: _____