



सत्यमेव जयते

No.

Form-6



GOVERNMENT OF MEGHALAYA
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Name of local body issuing certificate.....

DEATH CERTIFICATE

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969
and Rule 8/13 the Meghalaya Registration of Births and Deaths Rules, 1999

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).....

of tahsil/block of District:

of the State of Meghalaya

Name.....sex.....

Date of Death Place of Death

Name of Mother

Name of Father/Husband

Address of the deceased at the time of death: Permanent Address of the deceased:

.....
.....
.....

Registration No:..... Date of Registration:.....

Remarks [if any].....

Date of issue..... Signature of the issuing authority

Address of the issuing authority

Seal

"Ensure registration of every birth and death"