

FORM NO.9

(See Rule 8)

DEATH CERTIFICATE

(Issued under Section 17)

This is to certify that the following information has been taken from the original record of death which is the register for (local areas) of Tahasil
Of District of State of Orissa.

Name

Place of Death

Name of Father/Mother/Husband

Permanent Address of deceased

Sex

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Date of Death

Registration No.

Date of Registration

Date

Signature of Issuing Authority

Seal