

**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 .....

.....

Date of Death .....

Registration No. ....

Date of Registration .....

Date .....

Signature of Issuing Authority

Seal