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 .....

Name of Father/Mother/Husband .....

Sex .....

Date of Death .....

Place of Death .....

Permanent Address of deceased .....

.....

Registration No. .....

Date of Registration .....

Signature of Issuing Authority

Seal

Date .....