

FORM-6  
(See rule 8)

State Govt.  
Employee

ADMINISTRATION OF .....

DEPARTMENT OF ...../. (Name of local body issuing certificate) .....



**DEATH CERTIFICATE**

(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of The Union territory of Ladakh Registration of Births and Deaths Rules, 2024.

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 Sub-

district ..... of District .....of State/Union territory .....

Name: .....

Aadhaar No. of deceased

X	X	X	X	X	X	X	X	X				
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Sex.....

Date of Death.....

Place of Death.....

Name of Mother.....

Aadhaar No. of Mother

X	X	X	X	X	X	X	X	X				
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Name of Father.....

Aadhaar No. of Father

X	X	X	X	X	X	X	X	X				
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Name of Husband / Wife.....

Aadhaar No. of Husband /

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

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Registration No:.....

Remarks (if any) .....

Date of issue:.....

Permanent address of the deceased:

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Date of Registration.....

Signature of the issuing authority Address of the issuing authority /Seal

Ensure registration of every birth and death.