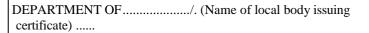
FORM-6 (See rule 8)

State Govt. Employee

ADMINISTRATION OF





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)				
	districtterritory	of	District	of	State/Union
	Name:				
Aadhaar No. of dece	eased	:		X X X X X X X X X X	
Se	X				
	Date of Death				
	Place of Death				
	Name of Mother		·••		
Aadhaar No. of Mother					
	Name of Father				
	Aadhaar No. of Father				
				X X X X X X X X X	
Name of Husband / W	ife				
Aadhaar No. of Hus	band /				
A	Address of the deceased at the time of death:			Permanent address of the dec	ceased:
	Registration No:			Date of Registration	
R	emarks (if any)				
Date of	f issue:			Signature of the issuing of the issuing authorit /Sea	у

Ensure registration of every birth and death.