



No.

Form-6



Government of Andhra Pradesh
Department of Health, Medical and Family Welfare
(Name of the local body issuing certificate)

**DEATH CERTIFICATE**

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the Andhra Pradesh Registration of Births and Deaths (Amendment) Rules.....(Year of notifying the revised rules).

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.....

Sex.....

Date of Death.....

Place of Death.....

Name of Mother.....

Aadhaar No. of Mother.....

Name of Father.....

Aadhaar No. of Father.....

Name of Husband / Wife.....

Aadhaar No. of Husband / Wife.....

Address of the deceased at the time of death:

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Permanent address of the deceased:

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Registration No :.....

Date of Registration.....

Remarks (if any).....

Date of issue:.....

Signature of the issuing authority

Address of the issuing authority

Seal

Ensure registration of every birth and death