

DEATH CERTIFICATE

It is hereby certified that Sri / Smt _____

S/O / D/O _____ Ex – employee (Department

who has undergone my treatment / Whom I know died of (Disease / Cause)

_____ on (Date) _____ at (Place) _____

Signature of the certifying Officer
Name, Designation and Office Seal

Note : This Certificate should normally be issued by the Medical Officer concerned. It may also be issued by a Private Practitioner or a Non – Gazetted Officer, in this case it should invariably be countersigned by a Gazetted Officer in Service. As an alternative it may be issued by any Gazetted Officer in Service who knows the deceased.