FORM NO. 6 (See Rule 8)

## DEATH CERTIFICATE

(Issued under Section 12/17)

This is to certify that the following information has been taken from the original
record of death which is the register for (Local Area).
Slation Drass =
of Tehsil Shmad nagar =
of District Marestag =
of StateMarcustes
Name Sheekla fixoz ABASS=
Father's/Husband's Name. ABASS =
Sex male =
Date of Death. 17-2-2012
Place of Death Kil Base Anup Post- Balagul Mass-
Registration No. 280 [15-18] 2013 - 26 =
Date of Registration 27 - 7 - 2 0125'
Smetion
1027.
Signation State Office
R G 14