

Form No. 10



**CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT**



- 13631

**CERTIFICATE OF DEATH**

As per format under Section-12/Section-17 of the Registration of Births and Deaths Act, 1969.

This is to certify that the following information has been taken from the original record of death which is in the Register for ..... HG-5 .....

..... Garia Burning Ghat .....

under The Calcutta Municipal Corporation (Local Area).

Registration No. E1357119

Name Maya Banerjee

Sex F

Son/Wife of .....

Date of Death 28.6.01 Date of Registration 28.6.01

Place of Death (Full Address) G. B. K. M. H.

Residence 18, Baroda Avenue. Kol-84.

Prepared by .....

Head Assistant .....

Dated 28.6.01

*[Signature]*  
**Signature of the Issuing Authority**

Note : In the case of Death no disclosure regarding the 'cause of death' as entered in the register is to be made (under Sub-Section 17(1) of RBD Act, 1969).

C. P. — 798 - 14-02-2001 - 20,000.

Sub. Regd.  
G. B. K. M. H.