**JIET’X ONE CLINIC**

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**Address**  
**9257159360 | JIET24@gmail.com | www.jiet.com**

**DEATH CERTIFICATE**

**Certificate No. :**   
**Date:**

This is to certify that after careful examination and evaluation by the undersigned, **Mr./Ms. ………………….**, aged **…….. years**, son/daughter of **…………………….,** residing at **…………………..**, and was declared deceased on:

* **Date of Death:**
* **Time of Death:**
* **Place of Death:**
* **Cause of Death:**
* **Manner of Death:**

The death was confirmed following standard medical protocols, and all necessary records have been documented.

This certificate is issued upon request for legal and official purposes.

Doctor’s Name

Qualification

Designation

Signature and Stamp