

Legal information

Statistical information

This part to be added to the Death Register

This part to be detached and sent for statistical processing

<p><i>To be filled by the informant</i></p> <p>1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. Name of the Deceased : (Full name as usually written)</p> <p>UID No of deceased (if any) <table border="1" style="width:100%; height: 15px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>3. Sex of the deceased : (Enter "male", "female") do not use abbreviation</p> <p>4. Name of Mother: UID No of Mother (if any) <table border="1" style="width:100%; height: 15px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>5. Name of Father UID No of Father(if any) <table border="1" style="width:100%; height: 15px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>5a. Name of husband/wife UID No of husband/wife (if any) <table border="1" style="width:100%; height: 15px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>6. Age of the deceased: (if the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)</p> <p>7. Address of the deceased at the time of death:</p> <p>8. Permanent address of the deceased:</p> <p>9. Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)</p> <p>1. Hospital/ Institution Name :</p> <p>2. House Address :</p> <p>3. Other Place</p> <p>10. Informant's name : Address :</p> <p><i>(After completing all columns 1 to 21, informant will put date and signature here.)</i></p> <p>Date : Signature or left thumb mark of the informant</p>																																																																																													<p><i>To be filled by the informant</i></p> <p>11. Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below) 1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>12. Religion : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion: (write the name of the religion)</p> <p>13. Occupation of the deceased : (If no occupation write 'Nil')</p> <p>14. Type of medical attention received before death: (Tick the appropriate entry below)</p> <p>1. Institutional</p> <p>2. Medical attention other than institution</p> <p>3. No medical attention</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be detached and sent for statistical processing</p>	<p><i>To be filled by the informant</i></p> <p>15. Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes 2. No</p> <p>16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>17. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below) 1. Yes 2. No</p> <p>18. If used to habitually smoke - for how many years?</p> <p>19. If used to habitually chew tobacco in any form - for how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?</p> <p>21. If used to habitually drink alcohol - for how many years?</p> <p style="text-align: right;"><i>(Columns to be filled are over. Now put signature at left)</i></p>

FORM NO 2
(See Rule 5)
DEATH REPORT FORM

<p><i>To be filled by the Registrar</i></p> <p>Registration No. : Registration Date :</p> <p>Registration Unit : District :</p> <p>Town/Village : District :</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p><i>To be filled by the Registrar</i></p> <table style="width:100%;"> <tr> <td style="width:33%;">District :</td> <td style="width:33%;">Name</td> <td style="width:33%;">Code No.</td> </tr> <tr> <td>Tahsil :</td> <td></td> <td></td> </tr> <tr> <td>Town/Village :</td> <td></td> <td></td> </tr> <tr> <td>Registration Unit :</td> <td></td> <td></td> </tr> </table>	District :	Name	Code No.	Tahsil :			Town/Village :			Registration Unit :			<p><i>To be filled by the Registrar</i></p> <p>Registration No. : Registration Date :</p> <p>Date of Death : Sex : 1.Male 2.Female</p> <p>Age : Years/months/days/hours</p> <p>Place of Death : 1.Hospital/Institution 2.House 3. Other Place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>
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Tahsil :														
Town/Village :														
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