Legal information

This part to be added to the Death Register

Statistical information

This part to be detached and sent for statistical processing

FORM NO.2

| To be deed by the informant Do all of Date of Date is increased any morn and system for death loss (pitch on plant 1/2000) Name of the Deascases 1 ("Thin white the counted firm) See Contract death of the Deascases 1 ("Thin white the Deascases 1 | | | | | | | | |
|--|-------------------------------------|--|-------|------------|--|-------------------------------------|---|--------|
| Town or Williage of Relations of the deceased; (Ploce where the constraint) in the case of the deceased; (Ploce where the constraint) in the case of the deceased; (Ploce where the constraint) in the case of the deceased; (Ploce where the constraint) in the case of the deceased; (Ploce where the constraint) in the constraint) in the deceased; (Ploce where the constraint) in the constraint) in the constraint in the constraint) in the constraint i | | To be filled by the informant | | 11. | To be filled by the informant | 15. | To be filled by the informant | |
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| So of the decessed: [Effort Mide, or *Formals* or *Transpissor*] do not use a destination of the decessed of the formation of the first many points of the first many points of the first many points of the decessed in the first many points of the first many points of the first many points of the decessed in the first many points of the many points of th | | UID No of deceased (if any) | | | , | 10. | | |
| A contract at Extensional Part of the Comment of Extension Part of | 3. | Sex of the deceased : : (Enter "Male, or " Female" or "Transgender") | | | | | irrespective of whether medically certified or not) | |
| Div ord Mother (if any) Total Part Tot | | | | | , | 17. | | |
| See Name of Pathers The North Pathers The | 7. | | | 12. | , | | | |
| A contact details of husbandwise 10 Nord in because of the consposed of the deceased (if the deceased was below 1 year of age, give age in completed number of days, and if below one days, in bloors address of the deceased of the deceased of the deceased was below 1 year of age, give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one days, in bloors give age in completed number of days, and if below one day | 5. | | | | Religion : (Tick the appropriate entry below) | | | |
| Description Control and work (strong to the standard of the decased of the block and work (strong to the decased of the de | | UID No of Father(if any) | | | 1. Hindu 2. Muslim 3.Christian | | 1.Yes 2. No | |
| So Contact dutals of husband/wife: Contact dutals of husband/wife | 5a | | | | 4. Any other religion: (write the name of the religion) | | W | |
| So Contacted tests of husbandwile: 6. Contact clears of number of clears of the deceased: (if the deceased was over 1 year of age, give age in correlated years. If the deceased will below 1 month give age in completed number of days, and below on ally in hours) 7. Address of the deceased at the first of dates of the deceased. 8. Permanent address of the deceased. 9. Address of the deceased at the first of dates of the deceased. 1. Institution 1. Institution 1. Institution 2. Medical attention other than institution 2. Medical attention 1. Institution 2. Medical attention 2. Medical attention 2. No medical attention 3. No medical attention 2. No medical attention 2. No medical attention 3. No medical attention 4. No medical attention 5. No medical attention 5. No medical attention 5. No medical attention 6. No medical attention 6. No medical attention 6. No medical attention 6. No medical attention 7. No medical attention 8. No medical attention 8. No medical attention 8. No medical attention 9. Visually falls are one file thank and a point in the many years? 9. Visually falls are one file thank and a point in the many years? 9. Visually falls are one file thank and a point in the many years? 9. Visually falls are one file thank and a point in the many years? 9. Visually falls are one file thank and a point in the many years? 9. Visually falls are one file thank and a point in the many years? 9. Visually falls are one file thank and a point in the many years? | 5h | | | | | 18. | | |
| I-Hospitulion I-Hospitulio | | | _ | 13. | Occupation of the deceased: | | | DE |
| I-Hospitulion I-Hospitulio | | | sing | | (If no occupation write 'Nil') | 19. | | A |
| I-Hospitulion I-Hospitulio | 6. | | Ses | 14. | Type of modical attention received before death: /Tick the appropriate entry | | for how many years? | Ħ |
| I-Hospitulion I-Hospitulio | | age in months, and if below 1 month give age in completed number of | pro | | | 20 | If used to habitually chew arecanut in any form | R |
| I-Hospitulion I-Hospitulio | 7 | , | cal | | 1. Institutional | | (including pan masala) - | PO |
| I-Hospitulion I-Hospitulio | | time of death: | tisti | | 2. Medical attention other than institution | | for now many years? | Ž |
| I-Hospitulion I-Hospitulio | | Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the | sta | | 3. No medical attention | 21. | | Ę |
| I-Hospitulion I-Hospitulio | | | ent | | | | for how many years? | æ |
| 2. House Address: 3. Other Place 10. Informant's name: UD Not Informant (if any) | | | s pu | | | | | \leq |
| UID No of Informant (if any) Address: (After completing all columns 1 to 21, informant will put date and signature here:) Declaration: To the best of my knowledge and information, the detail of Aadhaar of deceased is not available. To the filled by the Registrar Registration No.: Registration Date: Registration No.: Registration Date: Registration Unit: Town/village: District: Town/village: District: Town/village: District: Town/village: Percitation Unit: Remarks: (if any) Place of Death: 1.Hospital/Institution 2. House 3. Other Place | | | d aı | | | | | |
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| Address Care Completing all columns 1 to 21, informant will put date and signature here:) Declaration: | 10. | | эе с | | | | | |
| Address : | | | Tok | | | | | |
| To the best of my knowledge and information, the detail of Aadhaar of deceased is not available. Date : Signature or left thumb mark of the informant | | Address: | · | | | | | |
| Declaration: To the best of my knowledge and information, the detail of Aadhaar of deceased is not available. Date: Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: Name Code No. Registration No.: Registration Date: Sex: 1.Male 2.Female Town/village: District: Date of Death: Sex: 1.Male 2.Female Town/village: Place of Death: 1.Hospital/Institution 2.House 3. Other Place | | | | | | | | |
| To the best of my knowledge and information, the detail of Aadhaar of deceased is not available. Date: Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: Registration Unit: Town/Village: District: Town/Village: District: Town/Village: Period of Death: 1.Hospital/Institution 2.House 3. Other Place | and si | gnature here:) | | | | | | |
| Available. Date: Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: District: Name Code No. Registration No.: Registration Date: District: Date of Death: Sex: 1.Male 2.Female Town/Village: District: Age: Years/months/days/hours Remarks: (if any) Remarks: (if any) Registration Init: Pace of Death: 1.Hospital/Institution 2.House 3. Other Place | Decla | ration. | | | | | | |
| To be filled by the Registrar Registration No.: Registration Date: Name Code No. Registration No.: Registration No.: Registration Date: District: Town/village: District: Town/village: Remarks: (if any) Date of Death: 1.Hospital/Institution 2.House 3. Other Place | | | | | | | | |
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| Remarks: (if any) Town/Village: Place of Death: 1.Hospital/Institution 2.House 3. Other Place | · · | | | | | | | |
| Pogistration Unit - | | • | | | | 1 | | |
| | Name and Signature of the Registrar | | | | Registration Unit : | Name and Signature of the Registrar | | |