FORM NO.2

DEATH REPORT Legal information

- This part to be added to the Death Register To be filled by the informant
- 1. **Date of Birth**: (Enter the exact day, month and year the death took place e.g. 1-1-2000)
- 2. Name of the deceased: (Full name as usually written)
- 3. **Sex of the deceased**: (Enter "male" or "female" do not use abbreviation)
- 4. **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)
- 5. **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).
 - 1. Hospital/Institution Name
 - 2. House Address
 - 3. Other Place

6. **Informant's name**: Address: (After completing all columns

(After completing all columns 1 to 17, informant will put date and signature here).

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No: Registration date:

Registration Unit

Town/Village: District

Remarks. (if any)

Name and Signature of the Registrar

DEATH REPORT

Statistical information

This part to be detached and sent for statistical processing *To be fill by the informant*

7. Town or village of residence of the deceased:

(Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered).

- (a) Name of Town/Village:
- (b) Is it a Town or Village: (Tick the appropriate entry below)1.Town 2.Village
- (c) Name of District:
- (d) Name of State:

8. **Religion**: (Tick the appropriate entry below)

- 1. Hindu 2. Muslim 3. Christian
- 4. Any other religion: (Write the name of the religion)

9. Occupation of the deceased: (If no occupation write "Nil")

10. **Type of medical attention received before death**: (Tick the appropriate entry below)

- 1. Institutional
- 2. Medical attention other than institution
- 3. No medical attention

To be filled by the Registrar

Name :

Code No.

District :

Tahsil :

Town/Village :

Registration Unit :

FORM NO.2

To be filled by the informant

- 11. Was the cause of death medically certified? : (Tick the appropriate entry below)
 1. Yes 2. No.
- 12. **Name of Disease or Actual Cause of Death**: (For all deaths irrespective of whether medically certified or not)
- 13. 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.
- 14. If used to habitually smoke for how many years:
- 15. If used to habitually chew tobacco in any form for how many years?
- 16. If used to habitually chew arecanut in any form (including pan masala)-for how many years?
- 17. If used to habitually drink alcohol for how many years?

(Columns to be filled are over. Now put signature at left)

Registration No: Registration date:

Date of Death: Sex: 1. Male 2. Female

Age: Years/months/days/hours

Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar