DEATH

Legal information

This part to be added to the Death Register

DEATH REPORT

FORM No 2 (See Rule 5) DEATH REPORT FORM

Statistical information

This part to be detached and sent for statistical processing

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To be filled by the informant			To be filled by the informant		To be filled by the informant
 Date of Death : (Enter the exact day, month and year the death took place e.g. 1- 1-2000) 		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.)	15.	Was the cause of death medically certified?: (Tick the appropriate entry below) 1.Yes 2. No
2. Name of the Deceased :			a) Name of Town/Village :		
(Full name as usually written)			b) Is it a town or village :(Tick the appropriate entry below)	16.	Name of Disease or Actual Cause of Death : (For all
UID No of deceased (if any)			1. Town 2. Village	-	deaths irrespective of whether medically certified or not)
3. Sex of the deceased : (Enter "male", "female")			c) Name of District :		
do not use abbreviation			d) Name of State :		
4. Name of Mother: UID No of Mother (if any)				17.	In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6
		12.	Religion : (Tick the appropriate entry below)		weeks after the end of pregnancy: (Tick the
5. Name of Father			1.Hindu 2. Muslim 3.Christian		appropriate entry below)
UID No of Father(if any)			4. Any other religion: (write the name of the religion)		1.Yes 2. No
5a Name of husband/wife			a range of the religion. (while are name of the religion)		
UID No of husband/wife (if any)	sing	13.		18.	If used to habitually smoke - for how many years?
6. Age of the deceased: (if the deceased was over 1 year of		13.	Occupation of the deceased :		for now many years:
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	Droc		(If no occupation write 'Nil')	19.	If used to habitually chew tobacco in
age in completed number of days, and if below one day, in	al 1	14.			any form -
hours)	istic		Type of medical attention received before death: (Tick the appropriate entry below)		for how many years?
7. Address of the deceased at the	stat		appropriate entry below)	20.	If used to helitually show areas with any
time of death:8. Permanent address of the deceased:	for		1. Institutional	20.	If used to habitually chew arecanut in any form (including pan masala) -
Place of death: (Tick the appropriate entry 1, 2 or 3 below an	d give the		2. Medical attention other than institution		for how many years?
name of the Hospital/ Institution or the address of the house death took place. If other place, give location)	vhere the o		3. No medical attention		
	an		3. No medical attention	21.	If used to habitually drink alcohol - for how many years?
1.Hospital/ Name : Institution	hed				
2.House Address :	To be detached and sent for statistical processing				
3.Other Place	de				
10. Informant's name :	pă (
Address :	Ĕ				
Address .					
(After completing all					
columns 1 to 21, informant will put date and signature					
here:)					
Date : Signature or left thumb mark of the informant					(Columns to be filled are over. Now put signature at left)
To be filled by the Registrar		To be filled by the Registrar			
Registration No. : Registration Date :		Name Code No. Registration No. : Registration Date :			
Registration Unit :				of Dea	°
Town/Village : District :			Tahsil : Age	:	Years/months/days/hours
Remarks : (if any)			Town/Village : Plac	e of Dea	ath : 1.Hospital/Institution 2.House 3. Other Place
Name and Signature of the Registrar			Registration Unit :		Name and Signature of the Registrar
Iname and Signature of the Registrar					