FORM NO. 2 DEATH REPORT

Legal information

This part to be added to the Death Register

To be filled by the informant

. . .

Remarks : (If any)

1. Date of death : (Enter the exact day, month and year the death took place e.g. 1-1-2006)

- 2. Name of the deceased : (Full Name as usually written)
- 3. Name of the Father/Husband) :

 Sex of the deceased : (Enter "male" or "female" do not use abbreviation)

5. 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 on day in hours)

6. 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).

7.	Address :			
	1. Hospital/ Institution	Name :		
	2. House	Address :		
	3. Other Place			
8.	Informant's Name :			
	Address :			
info	ter completing columns 1 to 17, ormant will put e and signature			
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DEATH REPORT

		TELEVISION	To far filed by the l
th Register	S		 Whis the cause of d Plot the appropriate
	This part to be d	letached and sent for statistical process	ing
day, month and 5)	To be filled by the informant		64X.3
		e deceased : ived. This can be different from the place be entered).	
se abbreviation)	(a) Name of Town/Village :		
eased was over 1 s. If the deceased	 (a) Name of Town/Village : (b) Is it a town or village : (Tick the a 1. Town 2. Village (c) Name of District : (d) Name of State : (d) Name of State : 1. Hindu 2. Muslim 3. C 4. Any other religion : (write the name) 	appropriate entry below)	ne in cess this is a fea scour while pregne after a weeks after
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riate entry 1,2 or 3 al/Institution or the	(c) Name of District :		DE/
took place.	(d) Name of State :		Humber of the Second
	5 10. Religion : (Tick the appropriate entry 1. Hindu 2. Muslim 3. (y below) Christian	REP REP
	4. Any other religion : (write the nam	r coaw tobar color wry	FORM NO. 2 (See Rule 5) DEATH REPORT FC
	(If no occupation write "Nil")		K Kerner Tableau
	Type of medical attention received (Tick the appropriate entry below)	I before death:	ALTERNAL LINE STOR
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	Parton Type of medical attention received (Tick the appropriate entry below) Parton 1. Institutional Parton 2. Medical attention other than institution	ution	
hark of the informant	3. No medical attention	Weight Weight and we	
trar	1	To be filled by the Registrar	Size of Discon
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uon date .	District :		
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rict :	Town/Village :	•	
	Registration Unit :		
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Name and Signature of the Registrar

D/P & S - No. 32/23-9-2009-Medical-80,000-C/2-8-2010.

FORM NO. 2

To be filed by the informant

13. Was the cause of death medically certified ? (Tick the appropriate entry below)

1. Yes 2. No.

- 14. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)
- 15. 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

- 16. If used to habitually smoke for how many years ?
- 17. If used to habitually chew tobacco in any form for how many years ?
- 18. If used to habitually chew arecanut in any form (including pan masala) for how many years ?
- 19. If used to habitually drink alcohol for how many year ?

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

Registration No. : Registration date :

Date of Death : Sex : 1 Male 2. Female

Age : Year/Months/Days/Hours

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

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