

Form No. -2 DEATH REPORT (Rule-5)
 Form No. - 8 DEATH REGISTER (Rule - 13)

Legal Information

This Part to be added to the Death Register

DEATH REPORT (Rule -5)

Statistical Information

This Part to be detached and sent for statistical Processing

<p>1. Date of Death : (Enter the exact day, month and year)</p> <p>2. Full Name of the Deceased :</p> <p>3. Sex of the Deceased:..... Age :</p> <p>(Enter male or Female)</p> <p>5. (a) Permanent Address of the deceased:..... (b) Address of the deceased at the time of death:..... (c) Name of Father/Husband of the deceased:..... (a) Mother's name of the deceased:..... </p> <p>6. Place of Death : (Give tick mark) (Hospital/Institution/House/Other place)</p> <p>7. Informant's Name & Address :</p> <p>(After completing all columns 1 to 18 informant will put date and signature here)</p> <p>Date :/...../20..... Signature or left thumb mark of the informant</p>	<p>8. Town or village of Residence of the Deceased : (Give Tick Mark) (Place where the Deceased actually lives. 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:..... (b) Name of District :..... (c) Name of State :..... </p> <p>9. Religion : (Give tick mark) 1. Hindu 2. Muslim 3. Christian 4. Any other religion : (Write name of the religion)</p> <p>10. Occupation of the Deceased :</p> <p>(If no occupation write NIL)</p> <p>11. Type of medical attention received before death (Give tick the appropriate entry below)</p> <p>1. Institutional 2. Medical attention other than Institution 3. No Medical attention. </p>	<p>12. Was the cause of death medically certified? 1. Yes 2. No (Tick the appropriate entry)</p> <p>13. Name of Disease of Actual Cause of Death? (For all deaths irrespective of whether medically certified or not)</p> <p>14. In case this is a female death, did the death occur while pregnant, at time of delivery or within 6 weeks after the end of pregnancy? 1. Yes 2. No</p> <p>15. If used to habitually smoke, for how many years? </p> <p>16. If used to habitually chew tobacco nut in any form (including pan masala) for how many years? </p> <p>17. If used to habitually chew areca nut in any form (including pan masala) for how many years? </p> <p>18. If used to habitually drink alcohol for how many years?.....</p>
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<p>To be filled by the Registrar/Sub-Registrar</p> <p>Registration No: Date Registration :/...../20.....</p> <p>Name & address of the Registration Centre :</p> <p>Remarks if any :</p> <p>Name and Signature of the Registrar/Sub-Registrar (with Seal).</p>	<p>(To be filled by the Registrar/Sub-Registrar)</p> <p>Code No.....</p> <p>Name & address of the Registration Centre :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name and Signature of the Registrar/Sub-Registrar (With Seal)</p>	<p>Registration No.....Registration Date:...../...../20.....</p> <p>Date of Death..... Sex.....</p> <p>Place of Death (Give tick Mark) Hospital/Institution/House/Other Place</p> <p>Name and Signature of the Registrar/Sub-Registrar (With Seal)</p>
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