

FORM NO. 2 DEATH REPORT

Legal information

This part to be added to the Death Register

To be filled by the informant

- Date of death :** (Enter the exact day, month and year the death took place e.g. 1-1-2006)
- Name of the deceased :**
(Full Name as usually written)
- Name of the Father/Husband) :**
- Sex of the deceased :**
(Enter "male" or "female" do not use abbreviation)
- 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)
- 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).
- Address :**
 - Hospital/ Institution Name :
 - House Address :
 - Other Place
- Informant's Name :**
Address :

(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 filled by the informant

- 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).
 - Name of Town/Village :
 - Is it a town or village : (Tick the appropriate entry below)
 - Town
 - Village
 - Name of District :
 - Name of State :
- Religion :** (Tick the appropriate entry below)
 - Hindu
 - Muslim
 - Christian
 - Any other religion : (write the name of the religion)
- Occupation of the deceased :**
(If no occupation write "Nil")
- Type of medical attention received before death:**
(Tick the appropriate entry below)
 - Institutional
 - Medical attention other than institution
 - No medical attention

FORM NO. 2
(See Rule 5)
DEATH REPORT FORM

To be filled by the Registrar

Name : Code No.
District :
Tahsil :
Town/Village :
Registration Unit :

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 filled 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

Name and Signature of the Registrar