

DEATHREPORT

Legal Information

This part to be added to the Death Register

DEATH REPORT

Statistical Information

This part to be detached and sent for statistical processing

To be filled by the Informant		To be filled by the Informant		To be filled by the Informant	
1. 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 usually 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)	
2. Name of the Deceased : (Full name as usually written UID No. of deceased (if any))		a) Name of Town/Village:		1. Yes	2. No
3. Sex of the deceased : (Enter "Male" or "Female") (do not use abbreviation)		b) Is it a town or village : (Tick the appropriate entry below)		16. Name of the Disease or Actual cause of Death : (For all deaths irrespective of whether medically certified or not)	
4. Name of the Mother : UID No. of Mother (if any)		1. Town	2. Village	17. 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 :	
5. Name of the Father : UID No. of Father (if any)		c) Name of District :		1. Yes	2. No
5.a Name of Husband/Wife UID No. of the Husband / Wife (if any)		d) Name of State :		18. If used to habitually smoke for how many years ?	
6. 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)		12. Religion : (Tick the appropriate entry below)		19. If used to habitually chew tobacco in any form for how many years ?	
7. Address of deceased at the time of death:		1. Hindu 2. Muslim 3. Christian		20. If used to habitually chew arecanut in any form (including pan masala) for how many year ?	
8. Permanent address of the deceased :		4. Any other religion : (write name of the religion)		21. If used to habitually drink alcohol for how many years ?	
9. 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.		13. Occupation of the deceased : (If no occupation write "Nil")			
1. Hospital		14. Type the Medical attention received before death : (Tick the appropriate entry below)			
2. House		1. Institutional			
3. Other Place		2. Medical attention other than institution			
10. Informant's Name :		3. No medical attention			
Address :					
(After completing all columns 1 to 21, Informant will put date and signature here)					
Date :					
Signature or left thumb mark of the informant					
To be filled by the Registrar		To be filled by the Registrar		To be filled by the Registrar	
Registration No. :	Registration Date :	Name	Code No.	Registration No. :	Registration Date :
Town/Village :	District :			Date of Death :	Sex : 1. Male 2. Female
Remarks : (if any)		District :		Age : Years/months/days/hours	
		Town/Village :		Place of Death : 1. Hospital / Institution 2. House 3. Other Place	
Name and Signature of the Registrar		Name and Signature of the Registrar		Name and Signature of the Registrar	