DEATH REPORT

FORM NO. 2

FORM NO. 2 DEATH REPORT

Legal Information

To be filled by the informant

1. **Date of Death**: (Enter the exact day..... month and year the death took place e.g. 1-1-2013)
2. **Name of the Deceased**: .....
   (Full name as usually written)
3. **Sex of the deceased**: .....
   (Enter 'male' or 'female' do not use abbreviation)
4. **Name of Mother**:
   .....
5. **Name of Father**: .....

5a. **Name of Husband/ Wife**.....

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)
7. **Address of the deceased at the time of the death**: .....
8. **Permanent address of the deceased**:
   .....

9. Place of death: (Tick the appropriate 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)

1. Hospital/ Institution Name: .....
2. House Address : .....
3. Other Place : .....
10. Informant's Name: .....
Address: .....

(After completing all columns 1-21, informant will put date and signature here:)

Date:

Signature or left thumb mark of the informant

Statistical Information

To be filled by the informant

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.

a) Name of Town/village:
.....

***b)* Is it a town or village:** *(Tick the appropriate entry below)*
1.Town 2. Village

c) Name of District:
.....
.....

d) Name of State:
.....
.....

12. Religion: *(Tick the appropriate entry below)*
1. Hindu 2. Muslim 3. Christian
4.Any other religion : (write the name of the religion).....
.....
.....

13. Occupation of the deceased:
.....
.....
...
(If no occupation write ' Nil')

14. Type of medical attention received before death:
(Tick the appropriate entry below)
1.Institutional
2.Medical attention other than institution
3.No medical attention

To be filled by the informant

15. Was the cause of death medically certified? :
(Tick the appropriate entry below)
1. Yes 2. No

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

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)
1. Yes 2. No

18. If used to habitually smoke- for how many years:
.....

19. If used to habitually chew tobacco in an form for how many years? :
.....

20.If used to habitually chew arecanut in any form (including pan masala) for how many years?
.....
.....

21. If used to habitually drink alcohol for how many years? :
.....

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

DEATH REPORT FORM (SEE RULE 5)

To be filled by the Registrar

Registration No. : .....
Registration Date.....
Registration Unit:
.....
.....
Town/Village: .....
District.....
Remarks : (if any)

Name and Signature of the Registrar

Code No.....
Name: .....
District: .....
Tehsil: .....
Town/village: .....
Registration Unit: .....

Registration No.....
Registration Date.....
Date of Death: .....
Sex: 1. Male 2. Female
Age.....Years/months/days/hours
Place of Death: 1. Hospital/Institution
2. House
3. Other place: .....
Name and signature of the Registrar