FORM NO. 2

DEATH REPORT

Statistical Information DEATH REPORT

This part to be detached and sent for statistical processing

Date of Death: (Enter the exact day month and year To be filled by the informant This part to be added to the Death Register Legal Information

Town or Village of Residence of the deceased: (Place where the the death occured. The house address is not required to be entered.) deceased usually lives. This can be different from the place where To be filled by the informant

a) Name of Town/Village:

<u>o</u> Is it a Town or Village: (Tick the appropriate entry below)

1. Town

4.

Age of the Deceased: (If the deceased was over (Enter 'Male' or 'Female': (do not use abbreviation)

6

Place of Death: (Tick the appropriate entry 1 or 2 or

of the address of the house where the death took 3 below and give the name of the Hospital/Institution

place, if other place, give location.) 1. Hospital/Institution Name:

5

Name of the Father/Husband:

(Full name as usually written)

number of days, and if below one day, in hours) deceased was below 1 year of age, give age in

months, and if below 1 month give in completed 1 year of age, give age in completed years, if the çu.

Sex of the Deceased:

2

Name of the Deceased:

(Full name as usually written)

the death took place e.g. 1-1-2000)

2. Village

Name of District:

d) Name of State:

Religion: (Tick the appropriate entry below)

To be detached and sent to statistical processing

1. Hindu

2. Muslim 3. Christian

4. Any other religion: (Write the name of the religion)

10. Occupation of the deceased: (If no occupation write "NIL")

----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

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12. Was the cause of death medically certified: (Tick appropriate entry below)

2. No.

13. Name of the Disease or actual Cause of Death

(For all other irrespectives of wheather medically certified or not)

14. In case this is a female death, did the death occure while pregnant, at the time of delivery or within 6 weeks after the ends of pregnancy: (lick the appropriate entry below)

No.

15. If used to habitually smoke. for how many years?

16. If used to habitually chew tobacco in any form. for how many years?

17. If used to habitually chew arecanut in any form. for how many years? (Including pan masala) -

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

(Column to be filled are over, Now put signature at left)

To be filled by the Register

Date....

Signature or left thumb mark of the informant

informant will put date and signature here)

(After completing all columns 1 to 18

Informant's Name:

3. Other place : 2. House Address:

Registration Date:

Town/Village

Remarks: (If any)

Registration Units

Registration No

District:

Tashil

District

Name and Signature of the Registrar

Registration Unit

Town/Village

Name

Registration No.

Registration Date :

Sex: 1. Male 2. Female

To be filled by the Registrar

Code No.

Date of Death

Age: Years/months/days/hours

Place of Birth

: 1. Hospital/Institution

2. House

3. Other Place

Name and Signature of the Registrar