FORM NO.2 **DEATH REPORT**
(See Rule 5) **Legal information**
This part to be added to the Death Register

To be filled by the informant

1. **Date of Death** : (Enter the exact day, month and year the child was born e.g. 1-1-2000)

2. Name of the Deceased :
(Full name as usually written)
UID No of Father (if any)

3. Sex of the deceased : (Enter "Male" or "Female"or "Transgender")
Do not use abbreviation)

4. Name of the Mother :
UID No of Father (if any)

5. Name of the Father :
UID No of Mother (if nay)

5a Name of the Husband / Wife :
UID No of Mother (if nay)

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 Death:

8. Permanent address of the deceased:
Mobile No :

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)
1.Hospital/ Institution Name & Address:
2.House Address :
3. Others:

10 Informant's name :
Address :
(After completing All columns 1 to 21, Informant will put date and signature here :)

----------To be detached and sent for statistical Processing----------

DEATH REPORT **FORM NO.2**
Statistical information **(See Rule 5)**
This part to be detached and sent for statistical processing

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 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 any 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?**

Date : **Signature or left thumb mark of the informant**

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

To be filled by the Registrar

Registration No: Registration date :

Registration Unit :
Town/Village : District :

Remarks (If any)

Name and Signature of the Registrar

To be filled by the Registrar

Name

District :

Tahsil :

Town / Village :

Registration Unit :

Code No.

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

Name and Signature of the Registrar