FORM NO.2 DEATH REPORT

DEATH REPORT

FORM NO.2

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 death took place e.g. 1-1-2000)
2. **Name of the Deceased :** (Full name as usually written)

   UID No of deceased (if any)

3. **Sex of the deceased :** (Enter "male" , "female") do not use abbreviation
4. **Name of Mother:**

   UID No of Mother (if any)

5. **Name of Father**

   UID No of Father(if any)

5a **Name of husband/wife**

   UID No of husband/wife (if any)

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:
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 :**

   2.House **Address :**

   3.Other Place

10. **Informant's name :**

    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 detached and sent for statistical processing

Statistical information

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 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 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?**

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

FORM No 2
(See Rule 5)
DEATH REPORT FORM

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 Code No.

District :

Tahsil :

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