

(See Rule 5 of himachal Pradesh Registration of Births and Death Rules, 2003)

DEATH REPORT FORM

DEATH REPORT

Legal information This part to be added to the death register	Statistical information This part is to be Detached and sent for statistical processing	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	9. 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	13. Was the cause of death medically certified?(tick the appropriate entry below) 1.Yes 2.No	In the case of multiple, birth fill in separate from each child and write "Twin Birth "or triple birth"etc as the case may be, in the remarks column in the box below left
2. Name and Deceased(Full name as usually written			
3. Name of the father /husband(full name is usually written	10.Religion(Tick the appropriate entry below) 1. Hindu 2. Muslim 3.christian 4. Sikh 5.Any other religion(write name of the religion)	14. Name the decease or actual cause of death. (For all deaths irrespective of whether medically certified or not)	
4.Sex of the deceased(Enter ,male or female) do not use abbreviation	11. occupation of the deceased(if no occupation write nil)	15. in case 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. while pregnant 2. at the time of delivery 3. within six weeks after the end of delivery	
	12.Type of medical attention received before death(tick the appropriate entry below): 1. institutional 2.medical attention other than institution 3. no medical attention		
5. Age of deceased (if the deceased was over 1 year of age in completed years. If the deceased was below 1year of age, give age in months and if below one month give age in completed number of		16. If used to habitually, smoke for how many years?	

days if below one days in hours)			
6. Permanent Address:		17. If used to habitually chew tobacco in any form for how many years?	
7. Place of Death (Tick the appropriate entry 1, 2 and 3 below the give 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: Other place:		18. If used to habitually chew area nut in any form (including pan masala) for how many years?	
		19. if used to habitually drink alcohol for how many years	
8. Informants name and address: (after completing all columns 1 to 17,informant will put date and signature here)		(columns to be filled by over now put signature at left)	
Date thumb	Signature or left Mark of the informant		
To be filled by the registrar Registration no: Registration date: Registration unit: Town/ village: District Remarks(if any Name and signature of registrar	To be filled by the registrar Name Tehsil Town/ village Registration unit:	Registration no. Registration date Sex 1.male 2. Female Date of death Age years/ month/ days/ hours place of the death 1.Hospital/ Institution 2) House 3) other place Name and signature of the registrar	