Legal information

This part to be added to the Death Register

Statistical information

This part to be detached and sent for statistical processing

FORM NO.2

	To be filled by the informant		11.	To be filled by the informant	15.	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)			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		Was the cause of death medically certified?: (Tick the appropriate entry below)		
	Name of the Deceased :			house address is not required to be entered.)				
2.	(Full name as usually written)			a) Name of Town/Village :		1.Yes 2. No		
	UID No of deceased (if any)			b) Is it a town or village :(Tick the appropriate entry below)	16.	Name of Disease or Actual Cause of Death : (For all deaths		
3.	Sex of the deceased :: (Enter "Male, or " Female" or "Transgender")			1. Town 2. Village		irrespective of whether medically certified or not)		
	do not use abbreviation)			c) Name of District :	17.			
4.	Name of Mother: UID No of Mother (if any)		12.	d) Name of State :	17.	In case this is a female death, did the death occur while		
5.	Name of Father		12.	Religion : (Tick the appropriate entry below)		pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below)		
J.	UID No of Father(if any)			1. Hindu 2. Muslim 3.Christian		1.Yes 2. No		
5a	Name of husband/wife			Any other religion: (write the name of the religion)		2.10		
	UID No of husband/wife (if any)			4. Any other religion. (write the hame of the religion)	18.	If used to habitually smoke -		
5b	Age of husband/wife:					for how many years?		
5c	Contact details of husband/wife:	g	13.	Occupation of the deceased: (If no occupation write 'Nil')	19.	If used to habitually chew tobacco in any	DEATH REPORT FORM	
6.	Age of the deceased: (if the deceased was over 1 year of age, give	statistical processing		(ii no occupation with this)		form - for how many years?		
	age in completed years. If the deceased was below 1 year of age, give	ces	14.	Type of medical attention received before death: (Tick the appropriate entry		for now many years?	H	
	age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)	prc		below)	20.	If used to habitually chew arecanut in any form	Ξ	
7.	Address of the deceased at the	ical		1. Institutional		(including pan masala) - for how many years?	Õ	
8.	time of death: Permanent address of the deceased:	ıtist		2. Medical attention other than institution		,, ,, ,	R	
9.	Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the	sta		3. No medical attention	21.	If used to habitually drink alcohol -	E	
	Hospital/ Institution or the address of the house where the death took place. If other place, give location)	sent				for how many years?	Ξ	
	1.Hospital/ Name :	and s					\geq	
	Institution	d ar						
	2.House Address :	hec						
	3.Other Place	detached						
10.	Informant's name :	эр е						
	UID No of Informant (if any)	To be						
	Address :	Τ						
(After	completing all columns							
	1, informant will put date gnature here:)							
1	ration:							
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availa								
Date :	Signature or left thumb mark of the informant				(Colur	mns to be filled are over. Now put signature at left)		
	To be filled by the Registrar To be filled by the Registrar							
Regist	ration No.: Registration Date :			Name Code No. Reg	Registration No. : Registration Date :			
Registration Unit :				District : Date	e of Death	h: Sex: 1.Male 2.Female		
Town/Village : District :				Tahsil:	Age: Years/months/days/hours			
Remarks : (if any)			Town/Village : Place	Place of Death : 1.Hospital/Institution 2.House 3. Other Place				
Name and Signature of the Registrar				Registration Unit :		Name and Signature of the Registrar		