

Book No. COUNTER FOIL SL.No
 1 Date of Death :
 2 Full Name of the Deceased :
 3 Name of the Father/Husband :
 4 Place of Death : 5.Sex : 6.Age :

C U T - H E R E

DEATH REPORT LEGAL INFORMATION FORMNO 2

This part to be added to the Death Register (To be filled by the SL.No

1 Date of Death :(Enter the exact Day,Month,and Year the Death

2 a) Name Of the Deceased :
 (Full name as usually Written) In capital Letters

b) Name of the Father/Husband

3 Sex of the deceased : In Capital Letters

(Enter "**Male**" or **Female**", do not use abbreviation)

4 Age of the Deceased : (If the deceased was over 1 year of age, give age in the completed years. If the deceased was below

1 year of age, give age in months, and if below 1 month give

5 Place of Death :(Tick the appropriate entry 1, 2 or 3 below and

give the name of the hospital/institution or the address of

1.Hospital/Institution

Name :

2.House

Address :

3.Other place

6 Informant's Name

:

(After completing all columns i.e.

from 1 to 17 informant will put

Date :

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration Date:

Name

To be filled by the Regis

Date of Death : Age :

Years/Months/Days/Hours

Regn. No :

District :

District :

Sex :

1. Male

Regn. Unity :

2. Female

Town/Village :

Tahsil :

Code No.

Place of death:

1. Hospital/Institution

Remarks (If any)

Name and signature of the Registrar

Town/Village :

Regn. No.

2. House

Name and signature of the Registrar

Book No. COUNTER FOIL SL.No FORM NO 2

1 Date of Death :
 2 Full Name of the Deceased :
 3 Name of the Father/Husband :
 4 Place of Death : 5.Sex :

DEATH RE STATISTICAL INFORMATION FORM NO 2

This part to be detached and sent for statistical (To be filled by the SL.No

7 Town or Village of Residence of the deceased :(Place where the

deceased actually lived. This can be different from the place

a) Name of Town/

b) Is it is a town or village :(Tick the appropriate entry

1. Town 2.

c) Name of the District

d) Name of the State :

8. Religion : (tick the appropriate entry below)

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

9 Occupation of the deceased :

1 Institutional

2 Medical attention other than

institution

11 Was the cause of death medically

(Tick the appropriate entry

1. Yes 2.

12 Name of Disease or actual cause of Death :

(For all deaths irrespective of whether

13 In case this is a female death, did the death

occur while pregnant, at the time of delivery

1. Yes 2.

14 If used to habitually smoke-for how many

15 If used to habitually chew tobacco in any form-

16 If used to habitually chew arecanut in any form

17 If used to habitually drink alcohol-for how many

(Columns to be filled are over. Now put