

This part to be added to the Death Register

Legal Information

This part to be detached and sent for statistical processing

Statistical Information

To be filled by the informant		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)		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.)	
2. Name of the Deceased: (Full name as usually written)		12. 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 :	
3. Sex of the deceased :: (Enter 'Male', or 'Female' or 'Transgender') (Do not use abbreviation)		13. Religion : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian	
4. UID No. of Mother (if any)		14. Any other religion: (write the name of the religion)	
5. Name of Father (if any)		15. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not) 1. Yes 2. No	
6. UID No. of Father (if any)		16. Was the cause of death medically certified? : (Tick the appropriate entry below)	
7. Name of husband/wife		17. In case this is a female death, did the death occur while pregnant, at time of delivery or within 8 weeks after the end of pregnancy: (Tick the appropriate entry below) 1. Yes 2. No	
8. Age of husband/wife:		18. If used to habitually smoke - for how many years?	
9. Contact details of husband/wife:		19. If used to habitually chew tobacco in any form - for how many years?	
10. 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)		20. If used to habitually chew arecaut in any form (including pan masala) - for how many years?	
11. Address of the deceased at the time of death:		21. If used to habitually drink alcohol - for how many years?	
12. Permanent Address of the deceased: (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)			
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