

Legal Information

This part to be added to the Death Register

Statistical Information

This part to be detached and sent for statistical processing

To be filled by the informant		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.)	16.	Was the cause of death medically certified? (Tick the appropriate entry below) 1. Yes 2. No
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 :	17.	Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)
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. Any other religion: (write the name of the religion)	18.	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
4.	UID No of Mother: (if any)	14.	Occupation of the deceased: (If no occupation write 'Nil')	19.	If used to habitually smoke - for how many years?
5a.	Name of Father: UID No of Father: (if any)	15.	Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than Institution 3. No medical attention	20.	If used to habitually chew tobacco in any form - for how many years?
5b.	Name of husband/wife: UID No of husband/wife: (if any)	21.		21.	If used to habitually chew areca nut in any form (including pan masala) - for how many years?
6.	Name of Father: UID No of Father: (if any)				If used to habitually drink alcohol - for how many years?
7.	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)				
8.	Address of the deceased at the time of death: Permanent address of the deceased: 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)				
9.	1. Hospital/ Institution 2. House Address : 3. Other Place				
10.	Informant's name : UID No of Informant (if any) Address :				

(After completing all columns 1 to 21, informant will put date and signature here.)

Declaration: ☐ To the best of my knowledge and information, the detail of Aduhar of deceased is not available.

Date : _____ Signature or left thumb mark of the Informant _____

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To be filled by the Registrar

Registration No. : _____ Registration Date : _____

Registration Unit : _____ District : _____ Name _____ Code No. _____

Town/Village : _____ Tehsil : _____

Remarks : (if any) _____ Registration Unit : _____

Name and Signature of the Registrar _____