

Legal information

This part to be added to the Death Register

Statistical information

This part to be detached and sent for statistical processing

<i>To be filled by the informant</i> 1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000) 2. Name of the Deceased : (Full name as usually written) UID No of deceased (if any) 3. Sex of the deceased : (Enter "Male, or "Female" or "Transgender") do not use abbreviation) 4. Name of Mother: UID No of Mother (if any) 5. Name of Father UID No of Father (if any) 5a Name of husband/wife UID No of husband/wife (if any) 5b Age of husband/wife: 5c Contact details of husband/wife: 6. 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) 7. Address of the deceased at the time of death: 8. Permanent address of the deceased: 9. 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) 1. Hospital/ Institution Name : 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 Aadhaar of deceased is not available. Date : Signature or left thumb mark of the informant			<i>To be filled by the informant</i> 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.) 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 : 12. Religion : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write the name of the religion) 13. Occupation of the deceased: (If no occupation write 'Nil') 14. Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention			<i>To be filled by the informant</i> 15. Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes 2. No 16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not) 17. 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 18. If used to habitually smoke - for how many years? 19. If used to habitually chew tobacco in any form - for how many years? 20. If used to habitually chew arecanut in any form (including pan masala) - for how many years? 21. If used to habitually drink alcohol - for how many years?		
(Columns to be filled are over. Now put signature at left)			(Columns to be filled are over. Now put signature at left)					
<i>To be filled by the Registrar</i> Registration No. : Registration Date : District : Name Code No. Registration Unit : Town/Village : District : Tahsil : Town/Village : Place of Death : 1. Hospital/Institution 2. House 3. Other Place Remarks : (if any) Name and Signature of the Registrar			<i>To be filled by the Registrar</i> Registration No. : Registration Date : Sex : 1. Male 2. Female Age : Years/months/days/hours Place of Death : 1. Hospital/Institution 2. House 3. Other Place Name and Signature of the Registrar					