

FORM NO. 2 DEATH REPORT
Legal information

*This part to be added to the death register
 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)
- 2. Name of the deceased:**
 (full name as usually written)
- 3. Name of the father/husband):**
- 4. Sex of the deceased:**
 (enter "male" and "female" do not use abbreviation)
- 5. 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 on day in hours)
- 6. Place of death:** (Tick the appropriate entry 1,2,3 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)
- 7. Address:**
 1. Hospital Name :
/Institution
 2. House Address:
 3. Other Place
- 8. Informant's Name:**
 Address:

(After completing all columns 1 to 17, informant will put date and signature here)

Date _____ Signature or left thumb mark of the informant _____

To be filled by the Registrar

Registration No. _____ Registration Date: _____
 Registration Unit: _____
 Town/Village: _____ District: _____
 Remarks (if any): _____

Name and signature of the Registrar

DEATH REPORT

Statistical information

To be filled by the informant

- 9. Town or village of residence of the deceased:**
 (Place where the deceased usually 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:
- 10. Religion:** (Tick the appropriate entry below)
 - 1 Hindu 2. Muslim
 - 3 Christian 4. Any other religion:
 (write the name of the religion)
- 11. Occupation of the deceased:**
 (if no occupation write "Nil")
- 12. Type of medical attention received before death:** (Tick the appropriate entry below)
 1. Institutional
 2. Medical attention other than institution
 3. No medical attention

To be filled by the Registrar

Name..... Code No.
 District:.....
 Tahsil :.....
 Town/Village:.....
 Registration Unit :

Name and signature of the Registrar

To be detached and sent for statistical processing

FORM NO. 2
 (See Rule 5)
 DEATH REPORT FORM

FORM NO. 2

To be filled by the informant

11. **Was the cause of death medically certified ?**
(Tick the appropriate entry below)
1. Yes 2. No
12. **Name of disease or actual cause of death:**
(for all deaths irrespective of whether medically certified or not)
13. **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
14. **If used to habitually smoke for how many years?**
15. **If used to habitually chew tobacco in any form for how many years?**
16. **If used to habitually chew arecanut in any form (including pan masala)- for how many years?**
17. **If used to habitually drink alcohol- for how many years?**

(Column to be filled are over. Now put signature at left)

Registration no.

Registration date:

Date of death:

Sex : 1. Male 2. Female

Age:

years/months/days/hours

Place of birth:

1. Hospital/institution

2. House

3. Other place

Name and signature of the registrar