

## 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. Sex of the deceased :  
(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 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)
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 the house where the death took place. If other place, give location)

1. Hospital/ Institution Name :

2. House Address :

3. Other Place

6. 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

## DEATH REPORT

## Statistical information

*This part to be detached and sent for statistical processing**To be filled by the informant*

7. 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 :
8. Religion : (Tick the appropriate entry below)
  1. Hindu
  2. Muslim
  3. Christian
  4. Any other religion : (write the name of the religion)
9. Occupation of the deceased :  
(If no occupation write 'Nil')
10. 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 detached and sent for statistical processing

*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 ?

*(Columns to be filled are over. Now put signature at left)**To be filled by the Registrar*

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

Name and Signature of the Registrar

*To be filled by the Registrar*

Name : Code No. : Registration No. : Registration Date :  
 District : Date of Death : Sex : 1. Male 2. Female  
 Tahsil : Age : Years/months/days/hours  
 Town/Village : Place of Death : 1. Hospital/Institution 2. House 3. Other  
 Registration Unit : Place

Name and Signature of the Registrar