Schedule XXX--Form No. 3

DEATH REPORT

DEATH REPORT

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

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 writen UID No. of deceased (if any)
3. **Sex of the deceased** : (Enter "Male" or "Female") (do not use abbreviation)
4. **Name of the Mother** : UID No. of Mother (if any)
5. **Name of the Father** : UID No. of Father (if any)

5.a **Name of Husband/Wife** UID No.of the Husband / Wife (if any)

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 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** :

    Address :

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

Date : **Signature or left thumb mark of the informant**

To be detached and sent for statistical proceesing

To be filled by the informant

11. **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 :
12. **Religion** : (Tick the appropriate entry below)

    1. Hindu 2. Muslim 3. Christian

    4. Any other religion : (write name of the religion)
13. **Occupation of the deceased** : (If no occupation write "Nil")
14. **Type the 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 informant

15. **Was the cause of death medically certified ? : (Tick the appropriate entry below)**

    1. Yes 2. No
16. **Name of the 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 occure while pregnant, at the time of delivery or within 6 weeks after the end of pregancy : (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 from (including pan masala) for how many year ?**
21. If used to habitually drink alcohol for how many years ?

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

FORM No. 04
(See Rule 5)
DEATH REPORT FORM

To be fillled 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.

District :

Tahasil :

Town/Village :

Registration Unit

Registration No. : Registration Date :

Date of Death : 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

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