

Legal information

Statistical information

This part to be added to the Death Register

This part to be detached and sent for statistical processing

<p>To be filled by the informant</p> <p>1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. Name of the Deceased : (Full name as usually written)</p> <p>UID No of deceased (if any) <input type="text"/></p> <p>3. Sex of the deceased : (Enter "Male, or "Female" or "Transgender") do not use abbreviation)</p> <p>UID No of Mother (if any) <input type="text"/></p> <p>4. Name of Mother:</p> <p>UID No of Father (if any) <input type="text"/></p> <p>5. Name of Father:</p> <p>UID No of husband/wife <input type="text"/></p> <p>5a. Name of husband/wife</p> <p>UID No of husband/wife (if any) <input type="text"/></p> <p>5b. Age of husband/wife:</p> <p>5c. Contact details of husband/wife:</p> <p>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)</p> <p>7. Address of the deceased at the time of death:</p> <p>8. Permanent address of the deceased:</p> <p>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)</p> <p>1. Hospital/ Institution Name :</p> <p>2. House Address :</p> <p>3. Other Place</p> <p>10. Informant's name :</p> <p>UID No of Informant (if any) <input type="text"/></p> <p>Address :</p> <p>(After completing all columns 1 to 21, informant will put date and signature here.)</p> <p>Declaration:</p> <p><input type="checkbox"/> To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.</p>	
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<p>11.</p> <p>To be filled by the informant</p> <p>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.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below)</p> <p>1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>Religion : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion: (write the name of the religion)</p> <p>Occupation of the deceased: (If no occupation write 'Nil')</p> <p>Type of medical attention received before death: (Tick the appropriate entry below)</p> <p>1. Institutional</p> <p>2. Medical attention other than institution</p> <p>3. No medical attention</p>	<p>15.</p> <p>To be filled by the informant</p> <p>Was the cause of death medically certified?: (Tick the appropriate entry below)</p> <p>1. Yes 2. No</p> <p>16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>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)</p> <p>1. Yes 2. No</p> <p>18. If used to habitually smoke - for how many years?</p> <p>19. If used to habitually chew tobacco in any form - for how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?</p> <p>21. If used to habitually drink alcohol - for how many years?</p>
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(Columns to be filled are over. Now put signature at left)

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To be filled by the Registrar

Registration No. : _____ Registration Date : _____

Registration Unit : _____

Town/Village : _____ District : _____

Remarks : (if any) _____

To be filled by the Registrar

Code No. : _____ Name : _____

District : _____

Tahsil : _____

Town/Village : _____

Registration Unit : _____

To be filled by the Registrar

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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