

<p><i>To be filled by the informant</i></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>3. Sex of the deceased: (Enter 'male or female', do not use abbreviation)</p> <p>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)</p> <p>5. Name of Father/Husband of the deceased:</p> <p>6. 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/ Name: Institution</p> <p>2. House Address:</p> <p>3. Other Place</p> <p>7. Informant's name: Address: (After completing all columns 1 to 1a, Informant will put date and Signature here)</p> <p>Date: _____ Signature or left thumb mark of the informant</p>		<p><i>To be filled by the informant</i></p> <p>8. Town or village of Residence of the deceased: (Place where the deceased actually lives. 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/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>9. 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>10. Occupation of the deceased: (if no occupation write 'Nil')</p> <p>11. 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><i>To be filled by the Informant</i></p> <p>12. Was the cause of death medically certified? : (Tick the appropriate entry below)</p> <p>1. Yes 2. No</p> <p>13. Name of Decease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not)</p> <p>14. 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>15. If used to habitually smoke, for how many years?</p> <p>16. If used to habitually chew tobacco in any form for how many years?</p> <p>17. If used to habitually chew areca nut in any form (including pan masala)- for how many years?</p> <p>18. If used to habitually drink alcohol- for how many years?</p> <p>Columns to be filled are over. Now put signature at left)</p>	
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date: _____</p> <p>Registration Unit: _____</p> <p>Town/Village: _____ District: _____</p> <p>Remarks: (if any)</p> <p>Name and Signature of the Registrar</p>		<p><i>To be filled by the Registrar</i></p> <p>Name _____ Code No. _____</p> <p>District: _____</p> <p>Tehsil: _____</p> <p>Town/Village: _____</p> <p>Registration Unit: _____</p>	<p><i>To be filled by the Registrar</i></p> <p>Registration: _____ Registration Date: _____</p> <p>Date of Death: _____ Sex : 1. Male 2. Female</p> <p>Age: _____ Years/mon\hs/days/hours</p> <p>Place of Death: 1. Hospital/Institution 2. House</p> <p>3. Other Place</p> <p>Name and Signature of the Registrar</p>	