

FORM No.2 DEATH REPORT Legal Information <i>To be filled by the informant</i>	DEATH REPORT Statistical Information <i>To be filled by the informant</i>	FORM NO. 2 <i>To be filled by the informant</i>
<p>1. Date of Death : (Enter the exact day)..... Month &amp; year the death took place e.g.1.1.2000</p> <p>2. Name of the Deceased..... (a) Father's/Husband's Name.....</p> <p>3. Sex of the deceased..... (Enter "male" or "female" do not use abbreviations)</p> <p>4. Age of the deceased..... ( in completed years)</p> <p>5. Place of death : ( Tick the appropriate entry 1,2 or 3 below &amp; 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>6. Informant's Name ..... Address.....</p> <p>(After completing all columns 1 to 17,informant will put date and signature here)</p> <p>Date Signature or left thumb mark of the informant</p>	<p>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)</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>8. Religion (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion (write the name of religion) .....</p> <p>9.Occupation of the deceased..... ( If no occupation write Nil)</p> <p>10. 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>11. Was the cause of death medically certified ?  (Tick the appropriate entry below)</p> <p>1. Yes..... 2. No.....</p> <p>12. Name of Disease or Actual cause of Death (For all deaths irrespective of whether medically certified or not ..... .....</p> <p>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</p> <p>1. Yes ..... 2. No.....</p> <p>14. If used to habitually smoke – for How many years.....</p> <p>15. If used to habitually chew tobacco in any form – for how many years.....</p> <p>16. If used to habitually chew arecanut in any form (including pas masala)for how many years.....</p> <p>17. If used to habitually drink alcohol for how many years.....</p>
<p>To be filled by the Registrar</p> <p>Registration No.....Registration Date.....</p> <p>Registration Unit.....</p> <p>Town/Village.....District.....</p> <p>Remarks, if any</p>	<p>To be filled by the Registrar</p> <p>Name Code No.</p> <p>District.....</p> <p>Tahsil.....</p> <p>Town/Village.....</p> <p>Registration Unit.....</p>	<p>To be filled by the Registrar</p> <p>Registration No.....Registration Date.....</p> <p>Date of Death.....Sex 1. Male.....2.Female....</p> <p>Age..... Years/Months/days/hours</p> <p>Place of death 1.Hospital/Institution 2.House</p> <p>4. Other</p>

Name & Signature of the Registrar		place.....  Name & Signature of the Registrar
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