## **DEATH REPORT**

	S	erial
REGISTRATION UNIT/VILLAGE/TOWN/MUNICIPALITY/CANTONMENT TALIK/TEMSIL/BLOCK/THANA		
	Date of Death:	
2.	Full name of the deceased:	
۷.	run name of the deceased.	
3.	Name of the father/husband/wife/ of the Deceased:	
4.	Place of Death:	
5.	Age:	
6.	Sex—Male/Female:	
7.	Marital Status:	
8.	Occupation:	
9.	Religion:	
10.	. Nationality:	
11.	. Permanent residential address:	
12.	. Cause of Death:	
13.	. Whether medically certified (Yes/No):	
14.	. Kind of medical attention received, if any:	
15.	. Information:  1. Name: 2. Address:	
Dat	te Signature or Left thumb mark of t	he information.

The address of the parents, incase of a child, husband/late husband in case of married/woman/widow/ and deceased if independent are to be given in this column.

- Note 1. If the cause of death is not medically certified as certain the cause from the list of important cause of death.
- 2. If the decease was over 1 year of age, give age in completed years, if the deceased was under 1 year of age give in completed months, and if below 1 month, give age in completed number of days and if below 1 day in hours.
  - 3. If the person is a non-worker, insert the word nil in the column for occupation.