

FORM NO. 2

**DEATH REPORT
Legal information**

This part to be added to the Death Register

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 written)

3. Sex of the deceased: (Enter male or female do not use abbreviation)

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.)

4a. Name of father / husband:

5. Place of death: (Tick the appropriate 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:

Date _____ signature _____
or left thumb mark of the Informant

**DEATH REPORT
Statistical Information**

This part to be detached and sent for statistical processing

<p>6. Informant's name: Address: (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>To be filled by the Registrar</p> <p>Registration _____ No: _____</p> <p>Registration Date: _____</p> <p>Registration unit _____</p> <p>Town/Village: _____</p> <p>District: _____</p> <p>Remarks: (If any)</p> <p>_____</p> <p>Name and signature of Registrar</p>		