



CHANDIGARH ADMINISTRATION REGISTRAR BIRTH & DEATH



FORM NO. 2

DEATH REPORT Legal Information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Death:
(Enter the exact day, month and year)
2. Name of the Deceased
(full name as usually written)
3. Sex of the Deceased :
(Enter male or female)
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)
5. Place of Death: (Tick the appropriate entry 1 or 2 below and give the name of the hospital / Institution or the address of the house where the birth took place)

1. Hospital/ Institution	Name:
2. House	Address:
6. Informant's name:

Address:
(After completing all columns 1 to 17, informant will put date and signature here)

Date:

Signature or Left thumb mark of the Informant

DEATH REPORT Statistical Information

This part to be detached and sent for statistical processing

To be filled by the informant

7. Town or Village or Residence of the deceased : (Please where the deceased actually lived. This can be different from the place where the delivery occurred. The house address is not required to be entered)
 - (a) Name of Town/ Village)
 - (b) Is it a town or village (Tick the appropriate)

1. Town	2. Village
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 - (c) Name of District :
 - (d) Name of State :
8. Religion of the family : (Tick the appropriate)

1. Hindu	2. Muslim	3. Christian
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4. Sikh
5. Any other religion : (Write the name of the religion)
9. Occupation of the deceased:
(if no occupation write 'NIL')
10. Type of medical attention received before death:
(Tick the appropriate entry below)

1. Institutional
2. Medical attention other than Institution
3. No medical attention

To be filled by the informant

11. Was the cause of death medically certified? :
(Tick the appropriate entry below)

1. Yes	2. No
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 12. Name of Disease or Actual Causes of Death :
(For all deaths irrespective of whether medically certified or not)
 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

1. Yes	2. No
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 14. If used to habitually smoke for how many years?
 15. If used to habitually chew tobacco in any form (Including pan masala) for how many years?
 16. If used to habitually chew arecanut in any form (Including pan masala) for how many years?
 17. If used to habitually drink alcohol for how many years?
- (Columns to be filled are over. Now put sign at left)



**CHANDIGARH ADMINISTRATION
REGISTRAR BIRTH & DEATH**



e-JAN SAMPARK

To be filled by the Registrar	To be filled by the Registrar	To be filled by the Registrar
<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>(FOR OFFICE USE ONLY)</p> <p>1. Total fee received Rs. _____</p> <p>2. Receipt No. _____</p> <p>3. Dated _____</p> <p>4. Late Fee (if Any) Rs. _____ Compounding Fee Rs. _____</p> <p>The information is being given after the 21/ 30 days of the occurrence but within period of _____ may register with a late fee of Rs. _____ and compounding Fee of Rs. _____ on basis of affidavit worth Rs. 3/- by attested by the magistrate/ Notary public / order of the Sub Divisional Magistrate, Chandigarh vide order no. _____</p> <p>Dated _____</p> <p>District Registrar Birth and Deaths U.T. , Chandigarh</p>	<p>Name _____ Code No _____</p> <p>District : _____</p> <p>Tehsil : _____</p> <p>Town/ Village : _____</p> <p>Registration Unit : _____</p>	<p>Registration No: _____ Registration Date: _____</p> <p>Date of Birth : _____ Sex : 1. Male 2. Female</p> <p>Age : _____ Years/ Months/ Days/ Hours</p> <p>Place of Birth : 1. Hospital / Institution 2. House</p> <p>3 Other Places _____</p> <p>Name and Signature of the Registrar _____</p>