

FORM NO.2 DEATH REPORT Legal Information This part to be added to Death Register	DEATH REPORT Statiscal Information	
<p>To be filled by the informant</p> <p>1. Date of Death :</p> <p>2. Name of the deceased :</p> <p>3. Sex of the deceased :</p> <p>4. Age of the deceased :</p> <p>5. Name of the Father/Husband/Mother</p> <p>6. Place of death :</p> <p> i. Hospital/Institution Name :</p> <p> ii. House : Address:</p> <p> iii. Other place :</p> <p>7. Informant's name : Address : Date :</p> <p style="text-align: right;">Signature or left thumb mark of the informant</p>	<p style="text-align: center;">To be filled by the informant</p> <p>8. Town or village of Residence of the deceased : (a) Name of Town/Village :</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): 1. Hindu 2. Muslim 3. Christian</p> <p> 4. Any other religion (write name of religion)</p> <p>10. Occupation of the deceased : appropriate entry below)</p> <p> 1. Institutional :</p> <p> 2. Medical attention other than institution :</p> <p> 3. No medical attention :</p>	<p>12. Was the cause of death medically certified ? 1. Yes 2. No</p> <p>13. Name of Disease or actual cause of Death : after the end of pregnancy: (Tick the appropriate entry below)</p> <p> 1. Yes 2. No</p> <p> many years ?</p> <p> (including panmasala) for how many years ?</p>
<p style="text-align: center;">To be filled by the Register</p> <p>Registration No. : Registration Date :</p> <p>Registration unit : District:</p> <p>Town/Village : District:</p> <p>Remarks (if any)</p> <p style="text-align: right;">Name and signature of Registrar</p>	<p style="text-align: center;">To be filled by the Register</p> <p>District :</p> <p>Tahsil :</p> <p>Town /Village :</p> <p>Registration unit :</p>	<p>Date of Death :</p> <p>Place of Death</p> <p> 1. Hospital</p> <p> 2. Institution</p> <p> 3. House</p> <p> 4. Other</p> <p style="text-align: right;">Name and signature of the Registrar</p>

