

Form No. 2

This part to be added to the Death Register

To be filled by the informant(in Capital Letter only)

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[illegible][illegible][illegible][illegible][illegible]

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Hours

(if the deceased was 1 year of age, give age in complete years, if the deceased was below 1 year of age give age in months, if below 1 month give age in complete number of days and if below 1 day in hours)

[illegible][illegible][illegible][illegible]

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

Signature or left thumb mark of the informant

(To be filled by the Registrar)

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District

Name & Signature of the Registrar and Stamp

Name & Signature of the Registrar and Stamp