GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI **DEATH REPORT** Form No. 2 **Legal Information** This part to be added to the Death Register To be filled by the informant(in Capital Letter only) 1 Date of Death 2 Name of the deceased (Full Name as usually written) 2(a) Name of the father / Husband of Deceased 2(b) Name of the Mother of Deceased 2 (c) Permanent Address of Deceased 2(d) Address of Deceased at the time of Death 3 Sex of the Deceased Male F Μ Female 4 Age of Deceased Month Days (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) 5 Place of death (Tick the appropriate entry) 1 Hospital / Institutional 2 House 3 Other Place 6 Informant's Name & Address (After completing all columns 1 to 17 informant will put date and signature here) Date of Death Signature or left thumb mark of the informant (To be filled by the Registrar) Registration No. **Registration Date** Date of Death Town / Village District Remarks (if any) Name & Signature of the Registrar and Stamp

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI						
Form No. 2	DE LEW D	EDOD#				
DEATH REPORT Statistical Information						
This part to be detected and sent for statistical processing						
To be filled by the informant(in Capital Letter only)						
7 Town or Village of Residence of the dece	ased					
a Name of Town / Village			1 1			
b Is it a town or village? (Tick the appropr	iate entry below)	<u> </u>	1 1		1 1	
1 Town 2 Village C Name of the District d Name of State						
8 Religion 1 Hindu 2 Muslim 3 Christian 4 Other, if any	g	Occupation	of the d	eceased		
10 Type of Medical attention received before death 1 Institutional 2 Medical attention other than institution 3 No medical attention						
11 Was the cause of death medically certifi	ed	Yes		No		
12 Name of Disease or Actual cause of deat	th					
13 In case this is a female death did the death occur while at the time of delivery or within 6 week after the end of delivery						
14 if used to habitually smoke for how many years?						
15 if used to habitually chew tobacco in any form for how many years?						
16 if used to habitually chew arecaunt in any form for how many years?						
17 if used to habitually drink alochol for how many years?						
(To be filled by the Registrar)						
Name of the District	Code No.					
Tehsil	Code No.					
Town / Village	Code No.					
Registration Unit	Code No.					
Registration No.		Registration -	Date	<u> </u>]
Date of Death -	-		Sex	□□M F	- Male - Female	
Year Month Age	Day	Hours]			
Place of Death	 Hospital / Institution House Other Place 	n				
Name & Signature of the Registrar and Stamp						