

FORM NO. 2
DEATH REPORT

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(This part to be detached and sent for statistical processing)												To be filled by the informant	
1. Date of Death: (Enter the exact day, e.g. 1-1-2000) month and year the death took place e.g. 1-1-2000)												2. Name of the Deceased: (Full name as usually written) UID No. of deceased (if any)	
3. Sex of the deceased : (Enter "Male" or "Female" or "Transgender") Do not use abbreviation.												4. Name of Mother : UID No. of Mother (if any)	
5. Name of Father : UID No. of Father (if any)												6. Name of husband/wife: UID No. of husband/wife (if any)	
7. Address of the deceased at the time of death:												8. Permanent address of the deceased:	
9. Place of death: (Tick the appropriate entry 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)												10. Informant's Name : UID No. of informant (if any)	
11. Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)												12. Religion: (Tick the appropriate entry below)	
13. Occupation of the deceased: (If no occupation write "Nil")												14. Type of medical attention received before death: (Tick the appropriate entry below)	
15. Was the cause of death medically certified? : (Tick the appropriate entry below)												16. Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not)	
17. 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)												18. If used to habitually smoke – for how many years?	
19. If used to habitually chew tobacco in any form – for how many years?												20. If used to habitually chew arecanut in any form (including pan masala) – for how many years?	
21. If used to habitually drink alcohol – for how many years?												22. To be detached and sent statistical processing	
(After completing all columns 1 to 21, informant will put date and signature here) Declaration : <input type="checkbox"/>												(Columns to be filled are over. Now put signature at left)	
To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.												Signature or left thumb mark of the informant.	
Date:												To be filled by the Registrar	
Registration No. : Registration Unit : Town/Village : Remarks (if any) :												Name District : Tehsil : Town/Village : Registration Unit :	
Registration No. : Registration Date : Sex : 1. Male 2. Female Years/months/days/hours Place of Death : 1. Hospital/Institution 2. House 3. OtherPlace												Name and Signature of the Registrar.	