FORM NO.2 DEATH REPORT (See Rule 5) Legal information This part to be added to the Death Register			DEATH REPORT Statistical information This part to be detached and sent for statistical processing		nation (See Rule 5)	
To be filled by the informant			To be filled by the informant		To be filled by the informant	
1.	Date of Death: (Enter the exact day, month and year the child was born e.g. 1-1-2000)	11.	Town or Village of Residence of the deceased: (Plac deceased actually lived. This can be different from the placeth occurred. The house address is not required to be entered to be entered to be entered.	place where the	15.	Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes. 2. No
2.	Name of the Deceased : (Full name as usually written) UID No of Father (if any)		a) Name of Town/Village:b) Is it a town or village: (Tick the appropriate entry below.)	,		Name of Disease or Actual Cause of Death: (For all deaths irrespective of
3.	Sex of the deceased : (Enter "Male" or "Female" or "Transgender") Do not use abbreviation)		1. Town 2. Village c) Name of District:		16.	whether medically certified or not)
4.	Name of the Mother: UID No of Father (if any)	12.	d) Name of State: Religion: (Tick the appropriate entry below)		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)
5.	Name of the Father : UID No of Mother (if nay)	۵۵	1.Hindu 2. Muslim 3.Christian			1.Yes 2. No
5a	Name of the Husband / Wife : UID No of Mother (if nay)	statistical Processing	4. Any other religion: (write name of the religion) Occupation of the deceased: (If no occupation write 'Nil')		18.	If used to habitually smoke - for how many years?
6	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)	or statistica	Type of medical attention received before death: (Tick the appropriate entry below)		19.	If used to habitually chew tobacco in any form - for how many years?
7.	Address of the deceased at the time of Death:	sent for	1. Institutional			
8.	Permanent address of the deceased: Mobile No:	ned and	Medical attention other than institution No medical attention			
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)	be detached and	3. No medical diferition		20.	If used to habitually chew arecanut in any form (including pan masala) - for how many years?
	1.Hospital/ Institution Name & Address: 2.House Address: 3. Others:	ToTo			21.	If used to habitually drink alcohol - for how many years?
10	Informant's name: Address: (After completing All columns 1 to 21, Informant will put					
	date and signature here:) Date: Signature or left thumb mark of the	'	(Columns to be filled are ove		. Now	put signature at left)
	informant To be filled by the Registrar		To be filled by the Registrar			
	Registration No: Registration date :		Name	Code No.	Registration No: Registration date :	
	Registration Unit : Town/Village : District :		District:		Date of Death:	
	Remarks (If any)		Tahsil:			: 1.Male 2.Female : Years / Months/Days / Hours
	Name and Signature of the Registrar		Town / Village : Registration Unit :			e of Death: 1.Hospital / Institution 2. House
						Name and Signature of the Registrar