

DEATH REPORT

Form No. 3 (See Rule 5)
PART-I (Legal information)

(This part to be added to the Death Register)

(To be filled by the informant)

- Date of Death.....
- Name of the deceased.....
- Sex of the deceased.....
- Name of Father/Husband.....
- Age of the deceased.....
- Permanent Address.....
- Place of Death :
 - Hospital/ Institution : Name.....
 - House..... Address.....
- Informant's Name.....
Address.....

Date..... Signature
or Left Thumb Mark of the Informant

(To be filled by the Registrar)

Registration No. Registration Date :
Registration Unit : District :
Town/Village : District :
Remarks (If any) :

Name and Signature of the Registrar

DEATH REPORT

Form No.3 (See Rule 5)
PART-II (Statistical information)

(This part to be detached and sent for statistical processing)

(To be filled by the Informant)

- Town or village of residence of the deceased :
 - Name of town / village
 - Is it a town or village : (Put a mark)
 - Town
 - village
 - Name of District
 - Name of State
- Religion :
 - Hindu,
 - Muslim,
 - Christian,
 - Sikh,
 - Any other Religion.
- Occupation of the deceased
- Type of medical attention received before death:
 - Institutional
 - Medical attention other than institutional
 - No medical attention

- Was the cause of death medically certified ?
 - Yes
 - No
- Name of disease or actual cause of death
- 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?
 - Yes
 - No
- If used to habitually smoke, for how many years ?
- If used to habitually chew tobacco in any form, for how many years ?
- If used to habitually chew arecanut in any form (including pan masala), for how many years ?
- If used to habitually drink alcohol, for how many years ?

(To be filled by the Registrar)

Name Registration No.
Code No. Registration Date
Date of Death
Sex : 1. Male, 2. Female
Age : Years/months/days/hours
Place of Death 1. Hospital/Institution
 2. House 3. Other place

District
Tahasil
Town/Village
Registration Unit

Name and Signature of the Registrar