

Form No. 1 DEATH REPORT
Legal information

DEATH REPORT
Statistical information

Form No.1
(See Rule 5)

1. Date of Death: 2022-12-08	10. Town or Village of Residence of the mother: a) Name of Town/Village: Lucknow b) Is it a town or village: 1. Town 2. Village c) Name of District: Lucknow d) Name of State: Uttar Pradesh	14. Was the cause of death medically certified?: Yes
2. Sex: Male		
3. Name of the Deceased: SAHAB LAL SRIVASTAVA		15. Name of Disease or Actual Cause of Death :
4. Name of the father: DEVNATH LAL UID No of Father (if any):		16. 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:
5. Name of the mother: LAXMI UID No of Mother (if any):	11. Religion of the Family: Hindu Any other religion: 12. Occupation of the deceased: Technicians and Associate Professional	17. If used to habitually smoke - for how many years?:
6. Address of deceased at the time of Death: Fatima Hospital 35-c Mahanagar Lucknow, Lucknow, Lucknow, Uttar Pradesh, 226006	13. Type of medical attention received before death: Medical attention other than institution	18. If used to habitually chew tobacco in any form - for how many years?:
7. Permanent address of deceased: Bal Vihar Extension 5 Faridi Nagar Cimap Lucknow, Lucknow, Lucknow, Uttar Pradesh, 226015		19. If used to habitually chew arecanut in any form (including pan masala) - for how many years?:
8. Place of Death: Bal Vihar Extension 5 Faridi Nagar Cimap Lucknow, Lucknow, Lucknow, Uttar Pradesh, 226015		20. If used to habitually drink alcohol - for how many years?:
9. Informant's Name: SUNIL K. SRIVASTAVA		
Signature or left thumb mark of the informant		
Date: 2022-12-08		
TO BE FILLED BY THE REGISTRAR		
Registration No.:	District: Lucknow	Registration No:
Registration Date: 0000-00-00	Sub-District: Lucknow	Registration Date: 0000-00-00
Registration Unit: NAGAR NIGAM LUCKNOW	Town/Village: Lucknow	Date of Death: 2022-12-08

Town/Village: Lucknow

Registration Unit:
NAGAR NIGAM
LUCKNOW

Sex: Male

District: Lucknow

Place of Death: Other

Remarks (if any):

Name and Signature of the Registrar

Name and Signature of the Registrar

NOTE: - Please forward print out of this reporting form duly signed along with supporting documents to the **REGISTRAR (BIRTH & DEATH),NAGAR NIGAM LUCKNOW, VILLAGE/TOWN: LUCKNOW, SUB-DISTRICT:LUCKNOW , DISTRICT: LUCKNOW, STATE: UTTAR PRADESH**