

FORM NO. 2
(See Rule 5)

Form No.2 Death Report Legal Information This part to be added to the Death Register	Form No.2 This part to be detached and sent for statistical processing Death Report (Statistical Information)	Form No.2
<p align="center">To be filled by the informant</p> <p>1. Date of Death: _____ (Enter the exact day, month and year the death took place) (e.g.1.1.2000)</p> <p>2. Name of the Deceased: _____ (Full name as usually written) UID No of deceased (if any) <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </p> <p>3. Sex of the deceased: _____ Male/Female/Transgender (do not use abbreviation)</p> <p>4. Name of the Mother: _____ UID No of mother (if any) <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </p> <p>5. Name of the Father: _____ UID No of Father (if any) <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </p> <p>5.a. Name of Husband/Wife: _____ (Full name as usually written) UID No of Husband/Wife (if any) <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </p> <p>5.b. Age of Husband/Wife : _____</p> <p>5.c. Contact details of Husband/Wife : _____ _____</p> <p>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)</p> <p>7. Address of the deceased at the time of death: _____ _____</p> <p>8. Permanent address of the deceased: _____ _____</p> <p>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) 1. Hospital / Institution Name: _____ & Address : _____ 2. House Address: _____ 3. Other place _____</p> <p>10. Informant's name: _____ Address: _____ (After completing all columns 1 to 21, informant will put date and signature here:)</p> <p>Date: _____ Signature or left thumb mark of the informant</p>	<p align="center">To be filled by the informant</p> <p>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.)</p> <p>a) Name of Town / Village: _____ b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village c) Name of District: _____ d) Name of State: _____</p> <p>12. Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (Write the name of the religion)</p> <p>13. Occupation of the deceased: (If no occupation write 'Nil')</p> <p>14. Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No Medical attention</p>	<p align="center">To be filled by the informant</p> <p>15. Was the cause of death medically certified? (Tick the appropriate entry below) 1. Yes 2. No</p> <p>16. Name of Decease or Actual Cause of Death: (for all deaths irrespective of whether medically certified or not)</p> <p>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) 1. Yes 2. No.</p> <p>18. If used to habitually smoke – for how many years?</p> <p>19. If used to habitually chew tobacco in any form – For how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala)- for how many years?</p> <p>21. If used to habitually drink alcohol- for how many years?</p> <p align="center">(Column to be filled are over, Now put signature at left)</p>
<p align="center">To be filled by the Registrar</p> <p>Registration No: _____ Registration Unit: _____ Town/Village: _____ Remarks: (If any)</p> <p align="center">Name and Signature of the Registrar</p>	<p align="center">To be filled by the Registrar</p> <p>Name _____ District: _____ Taluk: _____ Town/Village: _____ Registration Unit: _____</p>	<p>Registration No: _____ Registration Date: _____ Date of Death: _____ Age: _____ Years/months/days/hours Sex: 1. Male 2. Female 3. Transgender Place of Death: 1. Hospital/Institution 2. House 3. Other place</p> <p align="center">Name and Signature of the Registrar</p>