

FORM 1: NOTIFICATION CARD

For Office Use Only	
Date on which notification was received	
Name of the person who received the notification	

Instructions:

1. To be filled by the Primary informant
2. Two copies should be filled in case of CBCDR (one to be submitted to ANM and one handed over to the family)
3. For FBCDR only one copy needs to be filled and handed over to FNO
4. If the notification card is already filled, address the bereavement issues, offer support and leave (CBCDR only)
5. Write in capital letters
6. Circle the appropriate response (or) place a ✓ (tick) wherever applicable

1. Name of the Child : _____
(In case of a newborn, name of the mother should be used. eg: Baby of Nirmala)
2. Date of Birth (if available) / /
3. Age: Years Months Days Hours
3. Sex: ☐ Male ☐ Female
4. Mother's Name : _____
5. Father's Name : _____
6. Complete Address : _____
House Number : _____
Mohalla/Colony : _____
Village/Town/City : _____
Block : _____
District/Tehsil : _____
State : _____
Pincode :
7. Landmarks, if any : _____

8. Phone number of parents/family member (living in same household):

☐ Landline: _____

☐ Mobile Number: _____

9. Date of Death: / /

10. Place of Death:

a) Home ☐ b) Hospital ☐ (If hospital, mention the name _____)

c) In transit ☐

Name of First Informant _____ **Time** _____

Signature _____

Date of Notification _____

Hand over this card to the parents of the child. The purpose is to provide verification of the fact that the family has been visited by the primary informant, and to inform others (the informant/s) visiting the family subsequently that the death has already been informed and to not repeat the process

Dear Parents,

We express our profound grief on the loss of your child. We will like to know more from you about the factors that could have contributed to the death of your baby so that steps can be taken to prevent such deaths in the future. In this context, some of health staff members may visit you in coming weeks.

You are requested to please retain all the documents pertaining to the health condition of the baby and the mother.

Please show this card to the health staff, who comes to collect further details about the illness.

Signature of the Informant

Designation _____

Date ____/____/____