

# 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)*

1. Date of Death.....
2. Name of the Deceased.....
3. Sex of the Deceased .....
4. Name of Father/Husband.....
5. Age of the Deceased.....
6. Permanent Address.....  
.....
7. Place of Death :  
i.Hospital/Institution Name .....
- ii.House Address .....
- iii. Other Place.....
8. 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 : \_\_\_\_\_  
Town/Village : \_\_\_\_\_ District: \_\_\_\_\_  
Remarks(if any) \_\_\_\_\_

Name & Signature of the Registrar

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**PART-II (Statistical Information) (This part to be detached and sent for statistical processing)**

*(To be filled by the informant)*

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| <ol style="list-style-type: none"> <li>9. Town or Village of Residence of the deceased<br/>a. name of town/ village :<br/>b. Is it a town or village (Put a mark)<br/>(1) Town (2) Village<br/>c. Name of District.....<br/>d. Name of State.....</li> <li>10. Religion :<br/>(1) Hindu (2) Musilim (3) Chirstian<br/>(4) Sikh (5) Any other religion</li> <li>11. Occupation of the deceased.....</li> <li>12. Type of medical attention received before death :<br/>i. Institutional<br/>ii. Medical attention other than institution<br/>iii. No medical attention</li> </ol> | <ol style="list-style-type: none"> <li>13. Was the cause of death medical certified?<br/>(1) Yes (2) No.</li> <li>14. Name of disease or actual cause of death<br/>.....</li> <li>15. 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.<br/><br/>1. Yes 2. No.</li> <li>16. If used to habitually smoke, for how many years?.....</li> <li>17. If used to habitually chew tobacco in any form, for how many years?.....</li> <li>18. If used to habitually chew arecanut in any form (including Pan masala), for how many years?.....</li> <li>19. If used to habitually drink alcohol, for how many years?.....</li> </ol> |
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*(To be filled by the registration)*

