

(नियम 5 देखिये)

मृत्यु रिपोर्ट

क्रम सं० \_\_\_\_\_

रजिस्ट्रार यूनिट/गांव/नगर/नगरपालिका/तालुका/तहसील/ब्लॉक

थाना \_\_\_\_\_

जिला \_\_\_\_\_

1. मृत्यु की तारीख
2. मृतक का पूरा नाम
3. पिता / पति का नाम
4. मृत्यु का स्थान
5. आयु
6. लिंग: पुरुष / स्त्री
7. वैवाहिक प्रास्थिति
8. उप-जीविका
9. धर्म
10. राष्ट्रीयता
11. स्थायी निवसीय पता\*
12. मृत्यु का कारण\*\*
13. क्या चिकित्सक द्वारा प्रमाणित कर दी गई है (हाँ / नहीं)
14. यदि कोई चिकित्सा परिचर्या की गयी है तो उसका उल्लेख कीजिए
15. इतिला देने वाले का:  
(1) नाम  
(2) पता

इतिला देने वाले के हस्ताक्षर  
और बाएं अंगूठे का निशान।

तारीख \_\_\_\_\_

\*बालक के मामले में माता-पिता का, विवाहित स्त्री/विधवा की दशा में पति/स्वर्गीय पति का और यदि मृतक अनाथितः या तो उसका पता इस सतम्भ में लिखिए।

\*\*जहाँ मृत्यु का कारण चिकित्सक द्वारा प्रमाणित है वहां प्रारूप सं० 8 चिकित्सा प्रमाण पत्र में (✓) चिन्हित कारण का यहाँ उल्लेख कीजिए।

टिपणी:- (1) यदि मृतक एक वर्ष से अधिक आयु का था तो आयु (पूर्ण वर्षों में) लिखे। यदि मृतक एक वर्ष से कम आयु का था तो आयु (पूर्ण मासों में) लिखे और यदि 1 मास से कम या की आयु (पूर्ण दिनों में) लिखे और यदि आयु 21 दिन से कम थी तो आयु घंटों में लिखे।

(2) यदि उस व्यक्ति की कोई उप जीविका नहीं है तो उप जीविका की स्तम्भ में "कुछ नहीं" शब्द लिखे।

## DEATH REPORT

## Legal Information

This part to be added to the Death Register

To be filled by the informant

1.	Date of Death: (Enter the exact day, month and year the death took place e.g. 1-1-2000)
2.	Name of the Deceased: (Full name as usually written) UID No. of the deceased (if any)
3.	Sex of the deceased: (Enter "male", "Female") Do not use abbreviation.
4.	Name of Mother: UID No. of Mother (if any)
5.	Name of Father: UID No. of Father (if any)
5. a.	Name of husband/wife: UID No. of husband/wife (if any)
5. b.	Age of Husband/Wife
5. c.	Husband/wife Contact Detail:
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 complete number of days, and if below one day, in hours).
7.	Address of the deceased at the time of death:
8.	Permanent address of the deceased:
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: 2. House Address: 3. Other Place:
10.	Informant's Name: Address: (After completing all columns 1 to 21, informants will put date and signature here) Date: Signature or left thumb mark of the informant.

To be detached and send for statistical processing

## DEATH REPORT

## Statistical Information

This part to be added to the Death Register

To be filled by the informant

11.	Town or Village of Residence of the deceased: (Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered). (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:
12.	Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write the name of the religion)
13.	Occupation of the deceased: (if no occupation write "Nil")
14.	Type of medical attention received before death: (Tick the appropriate entry below) 1. Institution 2. Medical attention other than institution 3. No medical attention

To be filled by the informant

15.	Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes 2. No
16.	Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not)
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) 1. Yes 2. No
18.	If used to habitually smoke – for how many years?
19.	If used to habitually chew tobacco in any form – for how many years?
20.	If used to habitually chew arecanut in any form (including pan masala) –for how many years?
21.	If used to habitually drink alcohol – for how many years?

(Columns to be filled are over. Now put signature at left)

Registration No.:	Registration Date:
Registration Unit:	District:
Town/Village:	
Remarks: (if any)	
Name and Signature of the Registrar.	

Name Code No.  
District:  
Tehsil:  
Town/Village:  
Registration Unit:

To be filled by the Registrar  
Registration 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

Name and Signature of the Registrar.