(See Rule – 5) DEATH REPORT FORM

Serial No -

•	DATE OF DEATH:			
200	NAME IN FULL OF DECEASED:			
	NAME OF THE FATHER/ HUSBAND :	. F		
•	PLACE OF DEATH:	<u> </u>		······································
	AGE AT THE TIME OF DEATH:			
j.	SEX: MALE / FEMA	LE	•	
7,	MARITAL STATUS:			
3.	OCCUPATION:		•	
€.	RELIGION:			*
10	O. NATIONALITY :			200000
11	. QUALIFICATION:			
12	2. PERMANENT RESIDENTIAL ADDRESS:			
13	B. * CAUSE OF DEATH:			,
14	4. WHETHER MEDICALLY CERTIFICATE AVAILED:			
15	5. KIND OF MEDICAL ATTENTION RECEIVED IF ANY:			
16	6. INFORMANTS:			
	(i) Name : (ii) Address :			