

(See Rule – 5 )  
DEATH REPORT FORM

Serial No –

REGISTRATION UNIT / VILLAGE / TOWN / MUNICIPALITY / ANTONMENT.....  
TALUK / TASHIL / BLOCK / THANA..... DISTRICT.....

1. DATE OF DEATH :

2. NAME IN FULL OF DECEASED :

3. NAME OF THE FATHER/ HUSBAND :

4. PLACE OF DEATH :

5. AGE AT THE TIME OF DEATH :

6. SEX : MALE / FEMALE

7. MARITAL STATUS :

8. OCCUPATION :

9. RELIGION :

10. NATIONALITY :

11. QUALIFICATION :

12. PERMANENT RESIDENTIAL ADDRESS :

13. \* CAUSE OF DEATH :

14. WHETHER MEDICALLY CERTIFICATE AVAILED :

15. KIND OF MEDICAL ATTENTION RECEIVED IF ANY :

16. INFORMANTS :

(i) Name :

(ii) Address :

Date :.....

Signature of informant