

# 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)

- Date of Death.....
- Name of the deceased.....
- Sex of the deceased.....
- Name of Father/ husband.....
- Age of the deceased.....
- Permanent Address.....
- Place of Death :  
(1) Hospital/Institution : Name..... Address.....  
(2) House.....
- 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 and Signature of the Registrar.....

# DEATH REPORT

Form No.3 ( See Rule 5 )

PART-II (Statistical information)

(This part to be detached and sent for statistical processing)

(To be filled by the Informant)

- Town or village of residence of the deceased :  
(a) Name of town / village .....  
(b) Is it a town or village : (Put a  mark )  
(1) Town (2) village  
(c) Name of District .....  
(d) Name of State .....
- Religion :  
(1) Hindu, (2) Muslim, (3) Christian,  
(4) Sikh, (5) Any other Religion.  
Occupation of the deceased .....
- Type of medical attention received before death:  
(1) Institutional  
(2) Medical attention other than institutional  
(3) No medical attention

(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.....