



ITANAGAR MUNICIPAL COUNCIL NAHARLAGUN

FORM No. 2

DEATH REPORT Legal information

This part is to be added to the Death Register

DEATH REPORT Statistical information

This part to be detached and sent for statistical processing

<p>To be filled by the informant</p> <p>1. Date of Death ^{Death} (Enter the exact day, month and year the death took place e.g. 01/01/2013)</p> <p>2. Name of the Deceased (Full name as usually written)</p> <p>3. Sex of the Deceased (Enter "Male" or "Female", do not use abbreviation)</p> <p>4. 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 completed number of days, and if below one day, in hours)</p> <p>5. (i) Name of Father/ Husband of the deceased</p> <p>(ii) Name of Mother of deceased</p> <p>6. 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)</p> <p>1. Hospital/ Institution Name :</p> <p>2. House Address</p> <p>3. Other Place</p> <p>7. (i) Informant's name</p> <p>Address :</p> <p>(ii) Permanent address of the deceased : Vill</p> <p>PO</p> <p>Dist</p> <p>(iii) Address of the deceased at the time of death</p> <p>Signature or left thumb mark of the informant.</p> <p>8. Recommendation by concern Ward Councillor/ Ward Member</p> <p>Date :</p>	<p>To be filled by the informant</p> <p>8. Town or village of residence of the deceased : (Place where the deceased usually lives. This can be different from the place where the death occurred. The house address is not required to be entered)</p> <p>(a) Name of Town/ Village :</p> <p>(b) Is it a town/ village (Tick the appropriate entry below)</p> <p>1. Town 2. Village</p> <p>(c) Name of District :</p> <p>(d) Name of State :</p> <p>9. Religion : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion : (Write name of the religion)</p> <p>10. Occupation of the deceased : (if no occupation write "Nil")</p> <p>11. Type of medical attention received before death : (Tick the appropriate entry below)</p> <p>1. Institutional</p> <p>2. Medical attention other than institution</p> <p>3. No Medical attention.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">To be detached and sent for statistical processing</p>	<p>To be filled by the informant</p> <p>12. Was the cause of death medically certified ? (Tick the appropriate entry below)</p> <p style="text-align: center;">1. Yes 2. No</p> <p>13. Name of Decease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>14. 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 entry below)</p> <p style="text-align: center;">1. Yes 2. No</p> <p>15. If used to habitually smoke for how many years ?</p> <p>16. If used to habitually chew tobacco in any form for how many years ?</p> <p>17. If used to habitually chew arccanut in any form (including pan masala) for how many years ?</p> <p>18. If used to habitually drink alcohol for how many years ?</p> <p style="text-align: center;">(Columns to be filled are over, now put signature at left)</p>
<p>To be filled by the Registrar</p> <p>Registration No. Registration Date</p> <p>Registration Unit</p> <p>Town/ Village District</p> <p>Remarks (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p>To be filled by the Registrar</p> <p>Name Code No</p> <p>District :</p> <p>Tehsil :</p> <p>Town/ Village :</p> <p>Registration Unit :</p>	<p>To be filled by the Registrar</p> <p>Registration No. Registration Date</p> <p>Date of Death Sex. 1. Male 2. Female</p> <p>Age Years/ months/ days/ hours</p> <p>Place of Death : 1. Hospital/ Institution 2. House 3. Other place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>

DEATH REPORT FORM
(See Rule 5)