

DEATH REPORT

LEGAL INFORMATION

This part to be added to the Death register

(See Rule 12)

(To be filled by the informant)

1. മരണം നടന്ന തീയതി / Date of death
(Enter the exact day, month and year the child was born :
eg.1.1.2000)

2. മരണപ്പെട്ടയാളുടെ പൂർണ്ണമായ പേര് / Name of the
deceased (Full name as usually written) :
(a) മരിച്ച വ്യക്തിയുടെ സ്ഥിരമായ മേൽവിലാസം /
Permanent address of the deceased :

(b) അച്ഛന്റെ/ ഭർത്താവിന്റെ പേര് / Name of Father /
Husband :

(c) മാതാവിന്റെ പേര് / Name of Mother :

(d) മരിച്ച വ്യക്തിയുടെ മരണസമയത്തെ മേൽവിലാസം /
Address of the deceased at the time of death :

3. ആൺ/പെൺ / Sex of the deceased :
(Enter "male" or "female" do not use abbreviation)

4. മരണപ്പെട്ടയാളുടെ വയസ്സ് / 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)

5. മരണ സ്ഥലം / 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)

എ. ആശുപത്രി/ സ്ഥാപനം- പേര്/ :

1. Hospital / Institution- Name :

2. വീട് - മേൽവിലാസം :

House - Address

3. മറ്റു സ്ഥലം / Other Place :

6. വിവരം നൽകുന്ന വ്യക്തിയുടെ പേരും
മേൽവിലാസവും / Informant's name and
address :

ആശുപത്രി/സ്ഥാപനങ്ങളിലെ ബന്ധപ്പെട്ടവരുടെ
മോളൊപ്പം,സീലും (ആശുപത്രി/ സ്ഥാപനങ്ങൾ
മുഖാന്തിരം അറിയിക്കുന്നവയ്ക്ക് മാത്രം)/ Counter
signature and seal of the authorities concerned (in
the case of hospitals / institutions) :

തീയതി / Date: വിവരം നൽകുന്ന വ്യക്തിയുടെ ഒപ്പ്/വിരലടയാളം/
Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. Registration Date:

Registration Unit District

Town/ Village

Remarks (if any) Name and Signature of the Registrar

DEATH REPORT
Statistical Information

This part to be detached and sent for statistical processing

(To be filled by the informant)

<p>7. Town or Village of residence of the deceased :(Name of Corporation/ Municipality/ Gramapanchayat where the deceased usually lived. This can be different from the place where the delivery occurred. The house address is not required to be entered).</p> <p>(a) Name of Corporation/ Municipality/ Gramapanchayat</p> <p>(b) Is it a Town/ Village (Tick the appropriate entry below) 1. Town 2. Village</p> <p>(c) Name of District:</p> <p>(d) Name of State:</p> <p>8. Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write name of the religion)</p> <p>9. Occupation of the deceased: (If no occupation write Nil)</p> <p>10. Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention</p>	<p>11. Was the cause of death medically certified? : (Tick the appropriate entry below)</p> <p align="center">1. Yes 2. No.</p> <p>12. Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not)</p> <p>13. 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 align="center">1. Yes 2. No.</p> <p>14. If used to habitually smoke for how many Years?</p> <p>15. If used to habitually chew tobacco in any form for how many years?</p> <p>16. If used to habitually chew arecanut in any form (including pan masala)-for how many years?</p> <p>17. If used to habitually drink alcohol for how many years?</p>
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To be filled by the Registrar

Code No. 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

District : Taluk: Town / Village

Registration Unit :

Name and signature of the Registrar