

Legal information

This part to be added to the Death Register

To be filled by the informant	
1.	Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)
2.	Name of the Deceased : (Full name as usually written)
3.	UID No of deceased (if any)
4.	Sex of the deceased : : (Enter "Male, or " Female" or "Transgender") do not use abbreviation)
5.	Name of Mother: UID No of Mother (if any)
5a	Name of Father UID No of Father(if any)
5b	Name of husband/wife UID No of husband/wife (if any)
5c	Age of husband/wife:
6.	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)
7.	Address of the deceased at the time of death:
8.	Permanent address of the deceased:
9.	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)
10.	1.Hospital/ Name : Institution 2.House Address : 3.Other Place
(After completing all columns 1 to 21, informant will put date and signature here:)	

Declaration:

To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.

Date : Signature or left thumb mark of the informant

To be filled by the informant	
15.	Was the cause of death medically certified?: (Tick the appropriate entry below)
1. Yes	2. No

16. **Name of Disease or Actual Cause of Death :** (For all deaths irrespective of whether medically certified or not)

17. 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)

1. Yes 2. No

18. If used to habitually smoke - for how many years?

19. If used to habitually chew tobacco in any form - for how many years?

20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?

21. If used to habitually drink alcohol - for how many years?

11.	To be filled by the informant
12.	Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.) a) Name of Town/Village : b) Is it a town or village :(Tick the appropriate entry below) 1. Town 2. Village c) Name of District : d) Name of State :
13.	Religion : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3.Christian 4. Any other religion: (write the name of the religion)
14.	Occupation of the deceased: (If no occupation write 'Nil') Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention

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12.	Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.) a) Name of Town/Village : b) Is it a town or village :(Tick the appropriate entry below) 1. Town 2. Village c) Name of District : d) Name of State :
13.	Religion : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3.Christian 4. Any other religion: (write the name of the religion)
14.	Occupation of the deceased: (If no occupation write 'Nil') Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar	
Registration No. :	Registration Date :
Registration Unit :	
Town/Village :	District :
Remarks : (if any)	
Name and Signature of the Registrar	
To be filled by the Registrar	
Code No.	Registration No. : Date of Death : Age : Years/months/days/hours Place of Death : 1.Hospital/Institution 2.House 3. Other Place
Name	Registration Date : Sex : 1.Male 2.Female
District :	
Tahsil :	
Town/Village :	
Registration Unit :	
Name and Signature of the Registrar	

FORM No. 8
(See Rule 12)

DEATH REGISTER

Legal information

This part to be added to the Death Register

<i>To be filled by the informant</i>									
1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)									
2. Name of the Deceased : (Full name as usually written)									
3. UID No of deceased (if any) <input type="text"/>									
3. Sex of the deceased : (Enter "male", "female", Transgender) do not use abbreviation									
Name of Mother:									
4. UID No of Mother (if any) <input type="text"/>									
5. Name of Father UID No of Father(if any) <input type="text"/>									
5a Name of husband/wife UID No of husband/wife (if any) <input type="text"/>									
5b Age of husband/wife: <input type="text"/>									
5c Contact details of husband/wife:									
6 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)									
7. Address of the deceased at the time of death:									
8. Permanent address of the deceased:									
9. 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)									
1. Hospital/ Name : Institution									
2. House Address :									
3. Other Place									
10. Informant's name :									
10. UID No of Informant (if any) <input type="text"/>									
10. Address : <input type="text"/>									
<i>(After completing all columns 1 to 21, informant will put date and signature here.)</i>									
Declaration: <input type="text"/>									
To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.									
Date : Signature or left thumb mark of the informant									
<i>To be filled by the Registrar</i>									
Registration No. :					Registration Date :				
Registration Unit :									
Town/Village :					District :				
Remarks : (if any)									
Name and Signature of the Registrar									

FORM NO. 4
 (See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
 (Hospital In-patients. Not to be used for still births)
 To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. on at AM/PM

NAME OF DECEASED				For use of Statistical Office
Sex	Age at Death			
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours
1. Male 2. Female				
CAUSE OF DEATH				
I Immediate cause	(a) due to (or as a consequences of)			Interval between onset and death approx.
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.				
Antecedent cause	(b) due to (or as a consequences of)			
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last				
II Other significant conditions contributing to the death but not related to the disease or condition causing it	(c)			

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
 5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri

R/O was admitted to this hospital on

and expired on

Doctor
 (Medical Supdt.
 Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age : 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.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the death, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

FORM NO. 4A
 (See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
 (For non-institutional deaths. Not to be used for still births)
 To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt/Km..... son/wife/daughter of
 resident of was under my treatment from to and
 he/she died on at A.M./P.M.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
3. Male					
4. Female					
CAUSE OF DEATH					
I	(a) due to (or as a consequences of)				Interval between onset and death approx.
Immediate cause	State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.				
Antecedent cause	(b) due to (or as a consequences of)				
	Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last				
II	(c)				
Other significant conditions contributing to the death but not related to the disease or condition causing it				

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri

R/O was under my treatment from
 to and he/she expired on at A.M./P.M.

Doctor
 Signature and address of Medical Practitioner/
 Medical attendant with Registration No.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age : 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.

Cause of Death : This part of the form should always be completed by the attending physician personally.

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