Application Serial No.

Application Fee : Rs. 20.00 [Rupees Twety only]
[Non refundable]

APPLICATION FORM FOR DEATH REGISTRATION

[The form is non-transferable and is valid for three months from the date of issue]

To
The **Chairman,**

Sir,

I am to request you to grant a 'Death Certificate' to my father / mother / son / daughter and I hereby furnish the following inforamation :

1. Date of Death (Enter the exact day, month and year the death took place e.g. 1-1-2009) : ______

2. Name of the Deceased (Full Name as usually written) : ______

3. Sex of the Deceased (Enter 'male' or female', do not use abbreviation) : ______

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)

5. Name of the Father / Husband : ______

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)
   1. Hospital / Institution Name : ______
   2. House Address : ______
   3. Other Place : ______

7. Informant's Name : ______
   Address : ______

8. Town or Village of Residence of the Deceased : ______
(Place where the Deceased actually lives. This can be different from the place where the death occured. 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 : ______

9. Religion (Tick the appropriate entry below) : 1. Hindu ☐ 2. Muslim ☐ 3. Christian ☐
   4. Any other reliigon : (Write name of the religion) : ______

10. Occupation of the Deceased (if no occupation write 'Nil) : ______

11. Type of medical attention received before death : (Tick the appropriate entry below) :
   1. Institutional ☐ 2. Medical attention other than Institution ☐ 3. No medical attention ☐

12. Was the cause of death medically certified ? (Tick the appropriate entry below) : 1. Yes ☐ 2. No. ☐

13. Name of Deases or Actual cause of Death : ______
(For all deaths irrespective of whether medically certified or not)

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 pregenancy :
(Tick the appropriate entry below) 1. Yes ☐ 2. No. ☐

15. If used to habitually smokes, for how may years ? ______

16. If used to habitually chew tobacco in any form-for how may years ? ______

17. If used to habitually chew areca nut in any form (includeing pan masala) – for how many year ? ______

18. If used to habitually drink alcohol – for how may years ? ______

I, ______, affirm that I have gone through and understood the Regulations above and being satisfied with the same certifiy that the above information is true to the best of my belief and knowledge. I also agree to indemnify the Authority against all claims arising out of or incidentals for granting of certificate.

Date :

Place :

______
Signature of all the applicant