

<p align="center">DEATH REPORT Form No.3 (See rule 5) Part II (Legal Information) (This part to be added to the Death Register)</p>	<p align="center">DEATH REPORT Form No.3 (See rule 5) Part II (Statistical Information) (This part to be detached and sent for statistical processing)</p>	
<p align="center">(To be filled by the informant)</p> <p>1. Date of death</p> <p>2. Name of the deceased</p> <p>3. Sex of the deceased</p> <p>4. Name of Father/Husband</p> <p>5. Age of the deceased</p> <p>6. Permanent Address</p> <p>.....</p> <p>7. Place of death: (1) Hospital/Institution Name</p> <p>(2) House Address</p> <p>(3) Other place</p> <p>8. Informant's Name</p> <p>Address</p> <p>.....</p> <p>Date..... Signature or Left Thumb Mark of the Informant</p>	<p align="center">(To be filled by the informant)</p> <p>9. Town or village of residence of the deceased:</p> <p>(a) Name of town/village:</p> <p>(b) Is it a town or village: (Put a √ mark) (1) Town (2) Village</p> <p>(c) Name of District</p> <p>(d) Name of State</p> <p>10. Religion: (1) Hindu, (2) Muslim, (3) Christian, (4) Sikh, (5) Any other Religion</p> <p>11. Occupation of the deceased</p> <p>12. Type of medical attention received before death: (1) Institutional (2) Medical attention other than institutional (3) No medical attention</p>	<p>13. Was the cause of death medically certified ? (1) Yes (2) No</p> <p>14. Name of disease or actual cause of death</p> <p>.....</p> <p>15. 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. (1) Yes (2) No</p> <p>16. If used to habitually smoke, for how many years?</p> <p>17. If used to habitually chew tobacco in any form, for how many years?</p> <p>18. If used to habitually chew areca nut in any form (including pan masala), for how many years?</p> <p>19. If used to habitually drink alcohol, for how many years?</p>
<p align="center">(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 align="center">(To be filled by the Registrar)</p> <p>Name : Registration No.</p> <p>Code No. Registration Date:</p> <p>District : Date of Death</p> <p>Tahasil : Sex : 1. Male, 2. Female</p> <p>Town/Village Age : Years/month/days/hours</p> <p>Registration Unit Place of Death: 1. Hospital/Institution 2. House, 3. Other place</p> <p align="right">Name and Signature of the Registrar</p>	