FORM NO.2

GOVERNMENT OF PUDUCHERRY KARAIKAL MUNICIPALITY DEATH REPORT Legal information

This part to be added to the Death Register

GOVERNMENT OF PUDUCHERRY KARAIKAL MUNICIPALITY DEATH REPORT Legal information

This part to be added to the Death Register

	To be filled by the informant			To be filled by the informant		To be filled by the informant	
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1.	Date of Death : (Enter the exact day, month and year the death took place e.g. 1-		11.	Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the	15.	Was the cause of death medically certified?: (Tick the appropriate entry below)	
	1-2000)			death occurred. The house address is not required to be entered.)		1.Yes 2. No	
2.	Name of the Deceased : (Full name as usually written)			a) Name of Town/Village :			
	UID No of deceased (if any)			b) Is it a town or village : (Tick the appropriate entry below)	16.	Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)	
				1. Town 2. Village c) Name of District :		deaths inespective of whether medically certified of hot)	
3.	Sex of the deceased : (Enter "male", "female") do not use abbreviation			d) Name of State :			
4.	Name of Mother:				17.	In case this is a female death, did the death occur	
	UID No of Mother (if any)		12.	Religion : (Tick the appropriate entry below)		while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the	
5.	Name of Father			1.Hindu 2. Muslim 3.Christian		appropriate entry below)	
	UID No of Father(if any)					1.Yes 2. No	
5a	Name of husband/wife	_		4. Any other religion: (write the name of the religion)			
	UID No of husband/wife (if any)	sing	13.		18.	If used to habitually smoke - for how many years?	
6.	Age of the deceased: (if the deceased was over 1 year of	ces	13.	Occupation of the deceased :			
•	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	pro	14.	(If no occupation write 'Nil')	19.	If used to habitually chew tobacco in	
	age in completed number of days, and if below one day, in	ical		Time of modical attention received before death. (Tick the		any form - for how many years?	
7.	hours)	statistical processing		Type of medical attention received before death: (Tick the appropriate entry below)		for new many years i	
	Address of the deceased at the time of death:	r sta		1. Institutional	20.	If used to habitually chew arecanut in any	
8. 9.	Permanent address of the deceased: Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the	It fo				form (including pan masala) - for how many years?	
	name of the Hospital/ Institution or the address of the house where the	ser		2. Medical attention other than institution			
	death took place. If other place, give location)	and sent for		3. No medical attention	21.	If used to habitually drink alcohol -	
	1.Hospital/ Name : Institution	per				for how many years?	
	2.House Address :	detached					
	3.Other Place						
10.	Informant's name :	o be					
10.	Address :	To					
(After	completing all						
will put	s 1 to 21, informant t date and signature						
here:) Date :	Signature or left thumb mark of the informant					(Columns to be filled are over. Now put signature at left)	
			<u> </u>		I		
	To be filled by the Registrar			Name		Registration No. : Registration Date :	
	ation No. : Registration Date :				e of Dea		
Ŭ	ation Unit : Kariakal Municipality			Tahsil : Karaikal Age		: Years / months / days / hours	
Town/V Remark	/illage : Kariakal District : Karaikal			Town/Village : Karaikal Pla	ce of Dea	ath : 1.Hospital/Institution 2.House 3. Other Place	
Rendir				Registration Unit : Karaikal Municipality		Name and Signature of the Denistr	
Name and Signature of the Registrar Name and Signature of the Registrar							

FORM No 2 (See Rule 5) DEATH REPORT FORM