

Death Registration Form

Applicant should fill all the required death details below

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<p>1. Date of Death:</p> <p>2. Name of the Deceased:</p> <p>3. Father/Husband Name:</p> <p>4. Gender of Deceased:</p> <p>5. Age of Deceased:</p> <p>6. Address of Deceased:</p> <p>7. Permanent Address of Deceased:</p> <p>Date:</p>	<p>8. Informer Name and Address:</p> <p>9. City/Village of the Deceased :</p> <p>10. Religion :</p> <p>11. Occupation of the Deceased :</p> <p>12. Treatment given before Death:</p> <p>13. Has the reason of death Medically Certified:</p> <p>14. Name of the Disease/Cause for Death:</p>	<p>15. Incase of Female it was Death : due to any of the following Reasons:</p> <p>16. Addicted to Smoking (Yes/No) If Yes from how many years:</p> <p>17. Addicted to Tobacco (Yes/No) If Yes from how many years:</p> <p>18. Addicted to Supari (Yes/No) If Yes from how many years:</p> <p>19. Addicted to Alcohol (Yes/No) If Yes from how many years:</p>
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For Office Use Only		For Office Use Only
Registration Place: Registration Date:	Name:	Date of Death:
Registration No:	Taluk:	Age: Gender:
Town: District:	City/Village:	Place of Death:
Registrar name and signature	Registrar name and signature	Registrar name and signature