

"FORM NO.2 (See rule 5)
DEATH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Death Register

To be filled by the informant

1. Date of Death:

2. Deceased's Details :-

(a) Name:

(b) Aadhaar No. (if available):

(c) Date of Birth (if available):

(d) Age :

3. Sex (Enter "Male" or "Female" or "Transgender")

4. Mother's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

5. Father's Details.

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. Spouse's (husband/wife) Details.

(a) Name:

(b) Aadhaar No. (if available):

(c) Date of Birth (if available):

(d) Age (in completed years):

(e) Mobile No:

(f) Email Id:

7. Address of the deceased at the time of death: House No:

Locality:

 Ward number (in case of town and if available):

Town or Village:

 Sub-district:

 District:

State or Union Territory :

 PIN Code:

8. Permanent address of deceased : House No:

Locality:

 Ward number (in case of town and if available):

Town or Village:

 Sub-district:

 District:

State or Union Territory:

 PIN Code:

9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place):

1. Hospital/Institution

 Name :

2. House

 3. Other place

 Address : House No.

Locality:

 Ward number (in case of town and if available):

Town or Village:

 Sub-district:

 District:

State or Union Territory:

 PIN Code:

10. Informant's Details:

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

(e) Address: House No.

Locality:

 Ward number (in case of town and if available):

Town or Village:

 Sub-district:

 District:

State or Union Territory:

 PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

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

(After completing all columns 1 to 21, informant will put date and signature)

Date:

 Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit:

Town/Village:

Sub-District:

District:

Remarks (if any):

Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

"FORM NO.2 (See rule 5)
DEATH REPORT

Statistical information

[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

11. Town or Village of Residence of the deceased
(Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name):

Town or Village:

 Sub-district:

District:

 State or Union Territory:

PIN Code:

12. Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]

13. Occupation of the deceased :

14. Type of Medical Attention received before death
(Tick the appropriate entry below) :

1. Institutional

2. Medical attention other than Institution

3. No Medical attention.

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 ?

To be detached and sent for statistical processing

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

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village:		

Registration Unit:
Registration No. :

Registration Date:

Date of Death:

Sex: Male/Female/Transgender person

Age of Deceased :

Place of Death : 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar