Schedule XXX--Form No. 3

DEATH REPORT

Form No. 3 (*See* Rule 5)

PART-I (Legal information)

(This part to be added to the Death Register)

(To be filled by the informant)

1. Date of Death.....
2. Name of the deceased:.....
3. Sex of the deceased .....
4. Name of Father/Husband.....
5. Age of the deceased.....
6. Permanent Address.....
   .....
   .....
7. Place of Death :
   (1) Hospital/ Institution : Name.....
   (2) House..... Address.....
8. Informant's Name.....
   Address.....
   .....

Date..... Signature
or Left Thumb Mark of the Informant

(To be filled by the Registrar)

Registration No.: Registration Date :

Registration Unit :

Town/Village : District :

Remarks (If any) :

Name and Signature of the Registrar

OGP (Forms) DTP--171--6,70,000 --14-10-2011

DEATH REPORT

Form No.3 (*See* Rule 5)

PART-II (Statistical information)

(This part to be detached and sent for statistical processing)

(To be filled by the Informant)

9. Town or village of residence of the deceased :
   (a) Name of town / village
   (b) Is it a town or village : (Put a ☑ mark)
   (1) Town (2) village
   (c) Name of District .....
   (d) Name of State .....
10. Religion :
    (1) Hindu, (2) Muslim, (3) Christian,
    (4) Sikh, (5) Any other Religion.
11. Occupation of the deceased .....
12. Type of medical attention received before death:
    (1) Institutional
    (2) Medical attention other than institutional
    (3) No medical attention

13. Was the cause of death medi
    certified ?
    1. Yes 2. No
14. Name of disease or actual cause of de
    .....
15. In case this isa female death, did the de
    occur while preganant, at the time of deliv
    or within 6 weeks after the end of pregena
    1. Yes 2. N
16. If used to habitually smoke for how m
    years ? .....
17. If used to habitually chew tobacco in
    form, for how many years ? .....
18. If used to habitually chew arecanut in
    form (including pan masala), for how m
    years ? .....
19. If used to habitually drink alcohol, for h
    many years ? .....

(To be filled by the Registrar)

Name

Code No.

District
Tahasil
Town/Village
Registration Unit

Registration No.
Registration Date
Date of Death
Sex 1. Male, 2. Female
Age : Years/months/days/hours
Place of Death 1. Hospital/Institution
2. House 3. Other pla

Name and Signature of the Regist