ORM NO.2 DEATH REPORT Gee Rule 5) Legal information		DEATH REPORT Statistical information			
This part to be added to the Death Register		This part to be detached and sent for statistical processing			
To be filled by the informant		To be filled by the informant		To be filled by the informant	
<ol> <li>Date of Death : (Enter the exact day, month and year the child was born e.g. 1-1-2000)</li> <li>Name of the Deceased : (Full name as usually written)</li> </ol>	11.	<ul><li>Town or Village of Residence of the deceased : (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)</li><li>a) Name of Town/Village :</li></ul>	15.	Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes . 2. No	
3. Sex of the deceased : (Enter "Male" or "Female" or "Transgender") Do not use abbreviation)		<ul> <li>b) Is it a town or village : (Tick the appropriate entry below)</li> <li>1. Town 2. Village</li> <li>c) Name of District :</li> </ul>	16.	Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)	
4. Name of the Father : UID No of Father (if any)	12.	<ul><li>d) Name of State :</li><li>Religion : (Tick the appropriate entry below)</li></ul>	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)	
5. Name of the Mother : UID No of Mother (if nay)	ත	1.Hindu 2. Muslim 3.Christian		1.Yes 2. No	
5a Name of the Husband / Wife : UID No of Husband /Wife (if nay)	cal Processir 13.	<ul> <li>4. Any other religion : (write name of the religion)</li> <li>Occupation of the deceased: (If no occupation write 'Nil')</li> </ul>	18.	If used to habitually smoke - for how many years?	
<ul> <li>Age of the deceased : (If the deceased was over 1 year of 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 age in completed number of days, and if below one day, in hours)</li> <li>7. Address of the deceased at the time of Death:</li> </ul>	be detached and sent for statistical Processing 17.	<i>Type of medical attention received before death:</i> ( <i>Tick the appropriate entry below</i> ) 1. Institutional	19.	If used to habitually chew tobacco in any form - for how many years?	
8. Permanent address of the deceased: Mobile No :	ched and s	<ol> <li>Medical attention other than institution</li> <li>No medical attention</li> </ol>			
<ul> <li>9 Place of death: (Tick the appropriate entry 1,2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place, If other place give location)</li> <li>1.Hospital/ Institution Name &amp; Address:</li> <li>2.House Address:</li> <li>2.House Address :</li> <li>3. Others:</li> <li>10 Informant's name :</li> <li>Address :</li> <li>(After completing All columns 1 to 21, Informant will put date and signature here : )</li> </ul>	To be deta		20.	If used to habitually chew arecanut in any form (including pan masala) - for how many years? If used to habitually drink alcohol - for how many years?	
Date :         Signature or left thumb mark of the informant		(Columns to be filled are over. Now put signature at left)			
To be filled by the Registrar		To be filled by the Registrar			
Registration No: Registration date :		Name Code No.		Registration No: Registration date :	
Registration Unit : Town/Village : District :		District : Tahsil :	Da	te of Death : x : 1.Male 2.Female	
Remarks (If any) Name and Signature of the Registrar		Town / Village : Registration Unit :	Ag	e : Years / Months/Days / Hours ace of Death: 1.Hospital / Institution 2. House Name and Signature of the Registra	