

FORM NO.8
(See Rule 12)
DEATH REGISTER
Legal information

This part to be added to the Death Register

This part is to be filled by the Death Vigilante

To be filled by the informant

1. Date of Death

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

2. Deceased's Details:-

(a) Name:

First Name	Middle Name	Last Name
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(b) Aadhaar No, if available:

--	--	--	--	--	--	--	--	--	--

(c) Date of Birth :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

(d) Age:

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

4. Mother's Details:-

(a) Name:

First Name	Middle Name	Last Name
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(b) Aadhaar No, if available:

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(c) Mobile No:

--	--	--	--	--	--	--	--	--	--

(d) Email Id:

5. Father's Details:-

(a) Name:

First Name	Middle Name	Last Name
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(b) Aadhaar No., if available:

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(c) Mobile No:

--	--	--	--	--	--	--	--	--	--

(d) Email Id:

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

(a) Name:

First Name	Middle Name	Last Name
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(b) Aadhaar No., if available:

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(c) Date of Birth :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

(d) Age (in completed years):

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(e) Mobile No:

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(f) Email Id:

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

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

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Town or Village: Sub-district: District:

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State or Union Territory: PIN Code:

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8. Permanent address of the deceased: House No:

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

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Town or Village: Sub-district: District:

--	--	--	--	--	--	--	--	--	--

State or Union Territory: PIN Code:

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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 birth took place) :

1. Hospital / Institution **Name :**

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2. House 3. Other place **Address :** House No:

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

--	--	--	--	--	--	--	--	--	--

Town or Village: Sub-district: District:

--	--	--	--	--	--	--	--	--	--

State or Union Territory: PIN Code:

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10. Informant's Details:-

(a) Name:

First Name	Middle Name	Last Name
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(b) Aadhaar No., if available:

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(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:

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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 (Amendment) Act, 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 Aadhaar of the deceased is not available.

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

Date:

D	D	-	M	M	-	Y	Y	Y	Y
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 Signature or
left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

D	D	-	M	M	-	Y	Y	Y	Y
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Registration Unit :

Town / Village: Sub-District: District:

Remarks (if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar