

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 :

(d) Age:

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

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 :

(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 the 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 birth took place) :

1. Hospital / Institution

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 (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: 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

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

To be filled by the Registrar

District	Name	Code No.	
Sub-District			
Town/Village			
Registration Unit :			
Registration No. :			
Registration Date:	<input type="text" value=""/>		
Date of Death :	<input type="text" value=""/>		
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

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	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.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.