

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

**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*

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 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 (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 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 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 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**

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?**

**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*

	Name	Code No.
District	<input type="text" value="District Name"/>	<input type="text" value="District Code No."/>
Sub-District	<input type="text" value="Sub-District Name"/>	<input type="text" value="Sub-District Code No."/>
Town/Village :	<input type="text" value="Town/Village Name"/>	<input type="text" value="Town/Village Code No."/>

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



प्रपत्र- 6  
Form-6

सं.No.

State  
Govt.  
Emblem

..... सरकार  
GOVERNMENT OF .....

.....विभाग/..(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का नाम)...  
DEPARTMENT OF...../. (Name of local body issuing certificate).



**मृत्यु प्रमाण पत्र**  
**DEATH CERTIFICATE**

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा...(राज्य का नाम).....जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the ..... (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)

..... उप-जिला.....  
जिला .....राज्य ..... के रजिस्टर में उल्लिखित है ।

This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) ..... of Sub-district ..... of District ..... of State/Union territory .....

नाम/Name: .....

मृतक का आधार न० /Aadhaar No. of deceased: 

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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लिंग/Sex.....

मृत्यु की तिथि/Date of Death.....

मृत्यु का स्थान/Place of Death.....

माता का नाम/Name of Mother.....

माता का आधार न० /Aadhaar No. of Mother: 

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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पिता का नाम/Name of Father.....

पिता का आधार न० /Aadhaar No. of Father: 

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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पति/पत्नी का नाम/Name of Husband / Wife.....

पति/पत्नी का आधार न० /Aadhaar No. of Husband / Wife: 

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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मृतक का मृत्यु के समय का पता/ ..... मृतक का स्थायी पता/

Address of the deceased at the time of death: ..... Permanent address of the deceased:

.....

.....

पंजीकरण संख्या/Registration No :.....पंजीकरण दिनांक/Date of Registration.....

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

प्रत्येक जन्म एवम मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death