

DEATH REPORT

(ମୃତ୍ୟୁର ପ୍ରତିବେଦନ)

Legal Information

(ବିବିଧ ସମ୍ବନ୍ଧୀୟ ତଥ୍ୟ)

This part to be added to Death Register

(ଏହି ଅଂଶ ମୃତ୍ୟୁର ପ୍ରତିବେଦନ ସଂଲଗ୍ନ କରନ୍ତୁ)

To be filled by the informant ବାଉଁଶ ବାହାରେ ଭର୍ତ୍ତି କରିବ

1. Date of Death/ ମୃତ୍ୟୁର ତାରିଖ :

2. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

3. UID No. of the deceased/ ମୃତ୍ୟୁର ହିଟ୍ ଆଇଡି ନଂ :

4. Sex of the deceased/ ମୃତ୍ୟୁର ଲିଙ୍ଗ :

5. Name of the Father/Mother/ ପିତା/ମାତାଙ୍କ ନାମ :

6. Name of the Husband/Wife/ ସ୍ୱାମୀ/ସ୍ତ୍ରୀଙ୍କ ନାମ :

7. Name of the Husband/Wife/ ସ୍ୱାମୀ/ସ୍ତ୍ରୀଙ୍କ ନାମ :

8. Place of death (Tick the appropriate place) :

9. Information's Name :

10. Town or Village of Residence of the deceased :

11. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

12. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

13. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

14. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

15. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

16. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

17. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

18. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

19. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

20. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

21. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

22. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

23. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

24. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

25. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

26. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

27. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

28. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

29. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

30. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

31. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

32. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

33. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

34. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

35. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

36. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

37. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

38. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

39. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

40. Name of the deceased/ ମୃତ୍ୟୁର ନାମ :

DEATH REPORT (ମୃତ୍ୟୁର ପ୍ରତିବେଦନ)

Statistical Information

(ସାଂଖ୍ୟିକ ସୂଚନା)

This part to be detached and sent for statistical processing

(ଏହି ଅଂଶ ବିଚ୍ଛିନ୍ନ କରି ସାଂଖ୍ୟିକ ସୂଚନା ପ୍ରକାଶନ ପାଇଁ ପଠାନ୍ତୁ)

To be filled by the informant/ ମୃତ୍ୟୁର ମାତାପିତା ଭର୍ତ୍ତି କରିବ

(b) Is it a town or Village (Tick the appropriate entry below)

1. Town / ଗ୍ରାମ 2. Village / ଗାଁ

(c) Name of District / ଜିଲ୍ଲାର ନାମ :

(d) Name of State / ରାଜ୍ୟର ନାମ :

10. Address of the Deceased at the time of Death :

11. Religion (Tick the appropriate entry below) :

1. Hindu/ହିନ୍ଦୁ 2. Muslim/ମୁସଲମାନ 3. Christian/ଖ୍ରୀଷ୍ଟିଆନ

4. Any other religion (write name of religion)

12. Occupation of the deceased/ମୃତ୍ୟୁର ଉପାଧି :

13. Type of medical attention received before death

(Tick the appropriate entry below)

1. Institution / ମହାବିଦ୍ୟାଳୟ

2. Medical attention other than Institution / ମହାବିଦ୍ୟାଳୟ ବାହାରେ ଚିକିତ୍ସା

3. No Medical attention / ଚିକିତ୍ସା ନାହିଁ

To be filled by the Registrar

Code No.

Name / ନାମ :

District / ଜିଲା :

Tahsil

Town / Village/ଗ୍ରାମ / ଗାଁ :

Registration unit :

ମୃତ୍ୟୁର ମାତାପିତା :

14. Was the cause of death medically certified?

1. Yes/ହାଁ 2. No/ନାହିଁ

15. Name of disease or actual cause of Death :

16. 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/ହାଁ 2. No/ନାହିଁ

17. If used to habitually smoke to how many years?

18. If used to habitually drink tobacco in any form for how many years?

19. If used to habitually drink alcohol in any form (including panmasa) for how many years?

20. If used to habitually drink alcohol for how many years?

(Tick the appropriate entry below)

21. If used to habitually drink alcohol for how many years?

22. If used to habitually drink alcohol for how many years?

23. If used to habitually drink alcohol for how many years?

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Town / Village/ଗ୍ରାମ / ଗାଁ :

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