

सेवा में,

रजिस्ट्रार जन्म-मृत्यु
नगर निगम ऋषिकेश।

विषय:- मृत्यु पंजीकरण करने एवम मृत्यु प्रमाण लेने के सम्बन्ध में प्रार्थना-पत्र।

महोदय,

निवदेन है कि मेरे की मृत्यु दिनांक को
स्थान..... ऋषिकेश जिला देहरादून में हुआ था।

मृतक का नाम:-.....

पिता/पति का नाम:-.....

माता का नाम :-.....

अतः महोदय से प्रार्थना है कि प्रार्थी को उसकेका मृत्यु प्रमाण-पत्र
देने की कृपा करें।

प्रार्थी/प्रार्थिनी

नाम:-.....

पता:-.....

मो0नम्बर:-.....

Legal information

This part to be added to the Death Register

To be filled by the informant

1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-4-2000)

2. Name of the Deceased : (Full name as usually written)

UID No of deceased (if any)

Sex of the deceased : (Enter "Male", or "Female" or "Transgender") do not use abbreviation)

Name of Mother:

UID No of Mother (if any)

Name of Father

UID No of Father (if any)

5a Name of husband/wife

UID No of husband/wife (if any)

5b Age of husband/wife:

5c Contact details of husband/wife:

6. 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)

7. Address of the deceased at the time of death:

8. Permanent address of the deceased:

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)

1. Hospital/Institution Name : _____

2. House Address : _____

3. Other Place _____

10. Informant's name : _____

UID No of Informant (if any) _____

Address : _____

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

Declaration:

To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.

Signature or left thumb mark of the informant _____

To be detached and sent statistical processing

DEATH REPORT

Statistical Information

This part 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 actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)

a) Name of Town/Village : _____

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

1. Town 2. Village

c) Name of District : _____

d) Name of State : _____

12. Religion : (Tick the appropriate entry below)

1. Hindu 2. Muslim 3. Christian

4. Any other religion: (write the name of the religion)

13. Occupation of the deceased: (If no occupation write 'Nil')

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)

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

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

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

19. If used to habitually chew areca nut in any form (including pan masala) - for how many years?

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

(Columns to be filled are over Now put signature at left)

To be filled by the Registrar

Registration No. : _____

Date of Death : _____

Age : _____

Place of Death : 1. Hospital/Institution 2. House 3. Other Place

Registration Unit : _____

Name and Signature of the Registrar _____

Code No. _____

Name _____

District : _____

Taluk : _____

Town/Village : _____

Registration Unit : _____

Registration Date : _____

Sex : 1. Male 2. Female

Years/months/days/hours _____