

**FORM NO. 2**

**(See Rule 5)**

**DEATH REPORT**

Serial

**REGN UNIT: SHILLONG CANTONMENT**

**THANA: SHILLONG-793002**

**DISTRICT: EAST KHASI HILLS.**

1. Date of Death :
2. Full name of the deceased :
3. Name of the father/husband :
4. Place of death :
5. Age :
6. Sex. Male/Female :
7. Martial Status :
8. Occupation :
9. Religion :
10. Nationality :
11. Permanent residential address :
12. Cause of Death :
13. Whether medically certified (Yes/No):
14. Kind of medical attention received :
15. Informant's
  - (i) Name
  - (ii) Address.

Date \_\_\_\_\_

Signature or left thumb mark of the informant

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Address of the parent, in the case of a child, husband/ late husband in case of married woman/widow and deceased if independent, are to be given in this column.

**NOTE: If the cause of death is not medically certified ascertain the cause from the list of important causes of death.**

If the deceased was over 1 year of age, give age in complete years. If the deceased was under 1 year of age give age in completed months and if below 1 month, give age in completed number of days and if below 1 day in hours.

If the person is a non-worker, insert the word "NIL" in the column for occupation.  
Please tick mark the number of days the certificate is required

|   |                                    |  |
|---|------------------------------------|--|
| 1 | Certificate required after 07 days |  |
| 2 | Certificate required after 03 days |  |
| 3 | Certificate required on same day   |  |