

Enter

# DEATH REPORT FORM

## CHAKLALA CANTONMENT

1. Name of the deceased\_\_\_\_\_

2. Registration/ I. C. Code No. 

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3. Place of death alongwith complete address.\_\_\_\_\_

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4. sex of the deceased (Male/Female/Eunuch)\_\_\_\_\_

5. Age of the deceased at the time of the death\_\_\_\_\_

6. Religion of the deceased\_\_\_\_\_

7. Occupation of the deceased\_\_\_\_\_

8. Name of father / Husband with father's name\_\_\_\_\_

9. I/C. Code No. of father/husband 

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10. Date of death\_\_\_\_\_

11. Cause of death\_\_\_\_\_

12. Date of registration of death\_\_\_\_\_

13. Signature of the reporter with full address\_\_\_\_\_