

తేదీ.....

శ్రీయుత కమీషనర్

నగరపాలక సంస్థ నిజాంపేట్ గారికి .

ఆర్యా,

విషయం: శ్రీ/శ్రీమత.....తండ్రి/భర్త.....

యొక్క జనన /మరణ దృవీకరణ పత్రము జారీ చేయుట గురించి .

నేను అనగా..... తండ్రి/ భర్త.....మనవి

చేయునది ఏమనగా నా యొక్క తల్లి /తండ్రి /భర్త /కూతురు /కుమారుడు యొక్క జననము
/మరణము, తేదీనాడు, చిరునామా.....

ఇల్లు /హాస్పిటల్నందు జరిగినది .

కావున నా యొక్క తల్లి /తండ్రి /భర్త /కూతురు /కుమారుడు యొక్క జనన /మరణ
దృవీకరణ పత్రము జారీ చేయగలరని మనవి చేయసినది .

కృతజ్ఞులతో

భవదీయ

పేరు:

ఫోన్ నెంబర్:

చిరునామా:

OFFICE OF THE NIZAMPET MUNICIPAL CORPORATION

Statement Showing the Check List to get Death Certificate

- Death Application Form
- Deceased person Aadhar Copy Xerox
- Deceased relative Aadhar Copy Xerox
- Death after one month (Notary)
- Death proof (Brought dead or Burial Ground or Hospital Form)

Legal information

This part to be added to the Death Register

Statistical information

This part to be detached and sent for statistical processing

<p><i>To be filled by the informant</i></p> <p>1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. Name of the Deceased : (Full name as usually written)</p> <p>UID No of deceased (if any)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> <p>3. Sex of the deceased : : (Enter "Male, or " Female") do not use abbreviation)</p> <p>4. Name of Mother: UID No of Mother (if any)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> <p>5. Name of Father UID No of Father (if any)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> <p>5a Name of husband/wife UID No of husband/wife (if any)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> <p>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)</p> <p>7. Address of the deceased at the time of death:</p> <p>8. Permanent address of the deceased:</p> <p>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)</p> <p>1.Hospital/ Institution Name & Address :</p> <p>2.House Address :</p> <p>3.Others:</p> <p>10. Informant's name : Address :</p> <p><small>(After completing all columns 1 to 21, informant will put date and signature here.)</small></p> <p>Date : _____ Signature or left thumb mark of the informant</p>																																																	<p><i>To be filled by the informant</i></p> <p>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.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below) 1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>12. Religion : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion: (write the name of the religion)</p> <p>13. Occupation of the deceased : (If no occupation write 'Nil')</p> <p>14. Type of medical attention received before death: (Tick the appropriate entry below)</p> <p>1. Institutional</p> <p>2. Medical attention other than institution</p> <p>3. No medical attention</p>	<p><i>To be filled by the informant</i></p> <p>15. Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes 2. No</p> <p>16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>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</p> <p>18. If used to habitually smoke - for how many years?</p> <p>19. If used to habitually chew tobacco in any form - for how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?</p> <p>21. If used to habitually drink alcohol - for how many years?</p> <p><small>(Columns to be filled are over. Now put signature at left)</small></p>

To be detached and sent for statistical processing

FORM No 2
(See Rule 5)
DEATH REPORT FORM

<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____ District : _____</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p style="text-align: center;">Name</p> <p>District : _____</p> <p>Tahsil : _____</p> <p>Town/Village : _____</p> <p>Registration Unit : _____</p>	<p><i>To be filled by the Registrar</i></p> <p>Code No. : _____</p> <p>Registration No. : _____ Registration Date : _____</p> <p>Date of Death : _____ Sex : 1. Male 2. Female</p> <p>Age : _____ Years/months/days/hours</p> <p>Place of Death: 1. Hospital/Institution 2. House 3. Other Place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>
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