D.P.H.-363 Form No.2 **Death Report 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. 1-1-2000)

- 2. Name of the deceased
- 3. Sex of deceased

(Enter "male" or "female" do not use abbreviations)

4. (a) 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 moths give age in completed number of days, and if below one day, in hours)

(b) Name of the father/husband of the deceased

(C) Complete address of deceased

5. 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. Others place:
- 6. Informant's name:

Address:

(After completing all columns 1 to 17 informant will put date and signature here:)

signature or left thumb Date: mark of the informant

Statistical Information

(This part to be detached and sent for statistical processing)

7. 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 down or village:(tick the appropriate entry below) 1. Town
 - 2. village
- (c) Name of District:
- (d) Name of State:
- 8. Religion of the family (tick the appropriate entry below)
 - 1. Hindu 2. Muslim 3 Christian 4. Sikh
 - 5. Any other religion: (Write Name of the Religion)
- 9. Occupation of the deceased: (If no occupation write 'Nill')
- 10. Type of medical attention received before death: (Tick the appropriate entry below)
 - 1. Institutional

certified or not)

- 2. Medical attention other than institution.
- 3. No medical attention To be filled by the informant
- 11. Was the cause of death medically certified ?: (tick the appropriate entry below)

1. Yes 2. No.

12. Name of Disease or Actual Cause of Death: For all deaths irrespective of whether medically

(

13. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 (tick the appropriate entry below)

> 1. Yes 2. No.

- 14. If used to habitually smoke for how many vears
- 15. If used to habitually chew tobacco in any form for how many years ?
- 16. If used to habitually chew arecanut in any form. For how many years ?
- 17. 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 Rgistrar					
Name	Code No.		Regis	Registration No:	
			Registration Date:		Date:
District	Date of Death:):	
Tehsil		Sex 1. Male 2. female			ale
Age:	yrs	Mc	th	Day	hrs
(Years/moth/days/hours)					
Town/Village Pl		Place	e of Dea	th:	
		1. ⊦	lospital	/Instituti	on
		2. ⊦	louse 3	3. Other J	olace

Registration Unit

Name and Signature of the Registrar

Antika – 2

Under state Govt. instructions for Self declaration.

I	s/o,d/o,w/o. Sh	
Age	_ year resident of Village/ Town Distt	Punjab
declare as u	nder that my Son/Daughter Name	s/o,
d/o	was born on	at Bathinda

city from my wife.

- 1) We are natural parents and we did not adapt the child.
- No dispute is pending in court or at home between us (husband / wife) regarding this birth of child.
- 3) Smt ______ Dai/Nurse helpful my wife in delivery.
- 4) This birth entry was not resisted in India by my me or my relatives
- 5) I have the _____ children detail is as blow

Sr. No	Name of child	sex	Date of Birth	No of the child in family
1				
2				
3				
4				

Information given above and in documents attached in my knowledge is true and nothing in this wrong and false. I know that information given by me is false then i am responsible for punishment as per rules regarding false information

Date_____

Signature of Applicant

Municipal Corporation Bathinda

Birth and Death Branch

Regarding Death Entry

Information regarding death M.C with in 21 days. The for information is issued from M.C. If the information is given with in time limit (21 days) a death certificate is issued free as per section 12 by M.C.

After the expire of 21 days fee is charged

- 1) With in 30days permission is given by Local Registrar after charging late fee Rs.55/-
- 2) With in one year the permission is given by Distt. Registrar (Civil Surgeon) with late fee Rs 10/-
- 3) After the expiring of one year permission is given by S.D.M with late fee Rs 20/-

Death late case / correction case necessary document as proof of detail is as under:-

	-		
Death Late Case	Death Correction Case		
1. Application attended by two MC/ two	1. Application attached by 2 MC's showing		
Gazetted officer.	the reason why entry eternal wrong.		
2. copy of residence/ voter card	2. copy of original certificate issued by MC		
3. N.A.C 3 year	3. if death is occurred in hospital then copy		
4. proof of death date or proof of asthi or proof	of receipt of hospital		
of receipt of woods	4. as no.6		
5. Form no.2 (in duplicate) attended by 2 MC.	5. if entry wrong then copy of ration card,		
6. 30 days to 1 year affidavit attached by notary	voter card, pan card, driving license,		
& able advocate office one year set of self	passport, bank account, electricity bill,		
declaration.	telephone bill, gas copy, water bill,		
	insurance policy(any three from above)		

Note:-1. The death late case/ correction case should be prepared by blood relatives.2. All documents should be attested.

Flow Chart

1. Late case / correction case (death) after application with proof given by Applicant.

	Day	
1. Concerned Assistant	2	
2. Local Registrar	1	Total 3 (Working days)
2 After this case is sent	to civil su	rgeon for permission. After receiving permission.
	Day	
1. Concerned Assistant	2	
2. Local Registrar	1	Total 2 (Working days)

Municipal Corporation Bathinda

Birth and Death Branch

Regarding Birth Entry

Information regarding Birth M.C with in 21 days. The for information is issued from M.C. If the information is given with in time limit (21 days) a birth certificate is issued free as per section 12 by M.C.

After the expire of 21 days fee is charged

- 1) With in 30days permission is given by Local Registrar after charging late fee Rs.55/-
- 2) With in one year the permission is given by Distt. Registrar (Civil Surgeon) with late fee Rs 10/-
- 3) After the expiring of one year permission is given by S.D.M with late fee Rs 20/-Birth late case / correction case necessary document as proof of detail is as under:-

Birth Late Case	Birth Correction Case
1. Application attended by two MC/ two	1. Application attached by 2 MC's showing
	 Application attached by 2 MC's showing the reason why entry eternal wrong. copy of original certificate issued by MC Copy of the record of Dai/ Hospital. If the name of Mother is wrong, the case will be prepare by mother. Total No. of children should be shown in self declare form. 30 days to 1 year affidavit attached by notary & able advocate office one year set of self declaration. if entry wrong then copy of ration card,
declaration.	voter card, pan card, driving license, passport, bank account, electricity bill,
	telephone bill, gas copy, water bill, insurance policy(any three from above)

- **Note:-1.** The birth late case/ correction case should be prepared by father/Mother, in case of death of mother/father, the case prepared by blood relatives .
 - 2. All documents should be attested.

Flow Chart

2. <u>Late case / correction case (death) after application with proof given by Applicant</u>.

	Day	
2. Concerned Assistant	2	
3. Local Registrar	1	Total 3 (Working days)

2 After this case is sent to civil surgeon for permission. After receiving permission.

	Day	
4. Concerned Assistant	2	
5. Local Registrar	1	Total 2 (Working days)

To get the service from state Government or under state Govt. Local institutes/Self independent institutions

Ι	S/o, W/o	
C	year, resident of	•••••
D1stt	, Punjab to self declare as under.	

Information given above and in documents attached in my knowledge is true and nothing in this wrong and false . I know that information given by me is false then I am responsible for punishment as per rules regarding false information on I got benefits to automatically escaped

Date_____

Signature of Applicant