



Urban Local Bodies Uttar Pradesh

Death Registration Form

Date Of Death* :/...../..... **Gender*** : Male / Female / Others

Name Of Deceased : **Father/Husband Name*** :

Mother's Name* : **District Name*** :

ULB Name : **Zone Name** :

Ward Name : **Mohalla Name*** :

Place of Death* : Home / Govt. Hospital / Private Hospital / Other

Cause of Death* :

Name of Hospital : **Age at Death*** :

Death Place Address* :

Current Address* :

Permanent Address :

Deceased Resides : **Is** : Rural / Urban

E-mail : **Mobile Number*** :

Proof Of Death : Medical Certificate / Culmination Certificate / DM Approval Certificate / Others

Additional Information

Deceased Occupation: House wife/Employee/Others **Is Death Medically Certified** : Yes / No

Whether Pregnancy death : Yes / No **Assistance Provided by** : Self / Doctor / Others

If Habitual of Smoking : Yes / No **If Habitual of Pan/Supari** : Yes / No

If Habitual of Tobacco : Yes / No **If Habitual of Drinking** : Yes / No

Place

Applicant Name

Date/...../.....

Signature