



# 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