



FORM ISSUED

ON

BIDHANNAGAR MUNICIPALITY

POURA BHAVAN

FD-415/A, Sector-III, Bidhannagar

Kolkata-700 106

FORM 2

APPLICATION FOR DEATH CERTIFICATE

<u>To be filled by the Informant</u>		
<p>1. Date of Death:</p> <p>2. Name of the Deceased : (Full name as usually written)</p> <p>3. Sex of the Deceased : (Enter 'male' or 'female' do not use abbreviation)</p> <p>4. Age of the Deceased :</p> <p>5. Name of the Father/ Husband :</p> <p>6. Place of Death:</p> <p>7. Informant's Name and Address :</p> <p>Date:</p>	<p>8. Town or Village of Residence of the Deceased: (Place where the deceased actually lived. This can be different from the place where the delivery occurred. The house address is not required to be entered.) (a) Name of Town/ Village : (b) Is it a Town or Village? (Tick the appropriate entry below) 1. Town 2. Village (c) Name of District: (d) Name of State:</p> <p>9. Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (Write name of the religion)</p> <p>10. Occupation of the Deceased : (If no occupation write 'Nil')</p> <p>11. Type of medical attention received before death : (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than Institution 3. No medical attention</p>	<p>12. Was the cause of death medically certified? (Tick the appropriate entry below) 1. Yes 2. No.</p> <p>13. Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>14. 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>15. If used to habitually smoke, for how many years?</p> <p>16. If used to habitually chew tobacco in any form-for how many years?</p> <p>17. If used to habitually chew areca nut in any form (including pan masala)— for how many years?</p> <p>18. If used to habitually drink alcohol— for how many years?</p> <p>19. No of Copies Required—</p> <p style="text-align: right;"><i>Signature of Informant</i></p>
<p>(To be filled by the Office) Registration No. : Registration Date : Registration Unit : Bidhannagar Municipality, Bidhannagar District : North 24 Parganas Remarks (if any) :</p> <p style="text-align: right;">Name and Signature of the Registrar/ Executive Officer</p>	<p style="text-align: center;">CHARGES</p> <p>Late Fee : Rs. Searching Fee : Rs. Certificate Fee : Rs.</p> <hr/> <p>Total : Rs.</p>	<p>Money Receipt No.</p> <p>Date</p> <p style="text-align: right;"><i>Prepared by</i></p>