

FORM NO.4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt/Km.
 son of/wife of/daughter of
 resident of was under my treatment from
 to and he/she died on at A.M./P.M.

NAME OF DECEASED				For use of Statistical Office
Sex	Age at Death			
	Age in completed years	If less than 1 year, age in months	If less than one month, age in days	
1. Male 2. Female				

CAUSE OF DEATH			Interval between on set & death approx.
I. Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.			(a)
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last.			(b) (c)
II. Other significant conditions contributing to the death but not related to the disease or conditions causing it.			

If deceased was a female, was pregnancy the death associated with ? 1. Yes 2. No
 If yes, was there a delivery ? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Km
 S/W/D of Shri R/O
 was under my treatment from to and he/she expired on
 at A.M./P.M.

Doctor
 Signature and address of Medical Practitioner/
 Medical attendant with Registration No.

**EXECUTIVE MAGISTRATE
IN THE COURT OF EXECUTIVE MAGISTRATE IMPHAL EAST**

Cril Misc case No. of 201_
Shri/Smt.
F/o, M/o
OfPETITIONER

-Vs-
State of Manipur

O R D E R

Dated, the..... 201_

This is an application under Rule 10(3) of the Manipur Registration Birth and Deaths Rule 1970 for registration of the date of birth/death of the petitioner/petitioner's.....

Register as Cril (MOCASE) An enquiry is held under rule 10(3) of the Manipur Registration Births and Death Rule 1970 as to the date of birth/Death. The petitioner/Petitioner's..... is clear that Shri/Smt/Km..... was born/died on.....petitioner could not register the date of birth/death of his/her.....to the concerned authority as he/she had no idea about it. Now, the petitioner is willing to get his/her.....for..... but he/she was told that without certificate of the date of birth/death it cannot be entertained.

Hence, he/she prays to the court for issuing a direction to the Registrar Births and Deaths of his/her..... I see no reason to reject the prayer and the evidence is also accepted.

It is, therefore, ordered that the registrar births and deaths Manipur do register that the date of birth/death of the petitioner /petitioner's under Rule and on his/her payment of necessary fees required under Rule.

Send a copy of this order to the Registrar concerned along with a copy of the evidence produced by the applicant/encumbant.

Executive Magistrate/Imphal East

Memo No. Crill (M) Case No. of 201_ Dated, the201_

Copy to:- The Block Development Officer/Imphal East
Sawombung for executive accordingly.

Executive Magistrate/Imphal East.
....

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. 1-1-2006)
2. **Name of the deceased :**
(Full Name as usually written)
3. **Name of the Father/Husband) :**
4. **Sex of the deceased :**
(Enter "male" or "female" do not use abbreviation)
5. **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 on day in hours)
6. **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. Other Place
7. **Address :**
 1. Hospital/ Institution Name :
 2. House Address :
 3. Other Place
8. **Informant's Name :**
Address :

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

Date Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.: Registration date :
 Registration unit :
 Town/Village : District :
 Remarks : (If any)

Name and Signature of the Registrar

DEATH REPORT

Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

9. **Town or village of residence of the deceased :**
(Place where the deceased usually 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 a town or village : (Tick the appropriate entry below)
 1. Town
 2. Village
 - (c) Name of District :
 - (d) Name of State :
10. **Religion :** (Tick the appropriate entry below)
 1. Hindu
 2. Muslim
 3. Christian
 4. Any other religion : (write the name of the religion)
11. **Occupation of the deceased :**
(If no occupation write "Nil")
12. **Type of medical attention received before death:**
(Tick the appropriate entry below)
 1. Institutional
 2. Medical attention other than institution
 3. No medical attention

To be detached and sent for statistical processing

To be filled by the Registrar

Name : Code No. :
 District :
 Tahsil :
 Town/Village :
 Registration Unit :

FORM NO. 2
(See Rule 5)
DEATH REPORT FORM

FORM NO. 2

To be filed by the informant

13. Was the cause of death medically certified ?
(Tick the appropriate entry below)

1. Yes 2. No.

14. Name of Disease or Actual Cause of Death :
(For all deaths irrespective of whether medically certified or not)

15. 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

16. If used to habitually smoke for how many years ?

17. If used to habitually chew tobacco in any form for how many years ?

18. If used to habitually chew arecanut in any form (including pan masala) for how many years ?

19. If used to habitually drink alcohol - for how many year ?

(Columns to be filed are over. Now put signature at left)

Registration No. : Registration date :

Date of Death : Sex : 1 Male 2. Female

Age : Year/Months/Days/Hours

Place of death : 1. Hospital/Institution 2. House 3. Other Place

Name and Signature of the Registrar

FORM NO. 2 DEATH REPORT

1. Name of the deceased
2. Sex of the deceased
3. Age of the deceased
4. Place of death
5. Date of death
6. Name of the Father/Husband
7. Name of the deceased as usually written
8. Name of the village or town or place of residence of the deceased
9. Name of the informant
10. Signature of the Registrar
11. Date of registration
12. Registration No.