

Form No. 8

Annexure

Form VIII

MORMUGAO MUNICIPAL COUNCIL

DEATH REPORT

Legal Information

This part to be added to the Death Register

To be filled by the informant

Date of Birth : (Enter the exact

1. day,
month and year the death took place (e.g. 1-1-2000)

Name of the

2. **deceased :**
(Full name as usually written)

Sex of the deceased :

3. (Enter "Male or female", do not use abbreviation)

Age of the deceased (if the deceased was over 1 year of age, give

4. age in completed years, If the deceased was below 1 year of age, give age in months and if below 1 month give in completed number of days, and if below one day, in hours.)

Place of death : (Tick the appropriate entry 1,2 or 3 below and give

5. 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 :

6. **Name of the father/**

husband :

Informant's

7. **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

Click [here](#) to fill in the **Statistical Information in Death Report**

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