

**FORM No. 12 (See rule 14)**

**SUMMARY MONTHLY REPORT OF DEATHS**

1. Report for the Month of: \_\_\_\_\_ Year \_\_\_\_\_
2. District:
3. Town/ Village:
4. Registration Unit:
5. Details of Deaths Registered during the Month:

Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five years)				Maternal Deaths	
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total		

6. Time Gap in Death registration:
  - (a) Within Time limit (21 days) of their occurrence:
  - (b) More than 21 days but within 30 days of their occurrence:
  - (c) More than 30 days but within one year of their occurrence:
  - (d) After one year of their occurrence:

Total\* (a + b + c + d):

Note: Infant and Child Deaths & Maternal Deaths should also be included in the Deaths.

\* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature and Name of the Registrar.

Date:-

d	d	-	m	m	-	y	y	y	y
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Submitted to the Chief Registrar/District Registrar