

FORM 8
(See Rule 12)
DeathRegistration
Legal Information-----

To be filled by the Informant:

This part to be added to the Death Registration

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| <p>1. Date of Death:</p> <p>2. Deceased's Details: -</p> <p>(a) Name:</p> <p>(b) Aadhaar No (If available):</p> <p>3. Father's Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth (if available): - (c) Age:</p> <p>4. Mother's Details: - Name: - (a) Aadhaar No. (if available) (b) Mobile No: - (c) Email Id:</p> <p>5. Spouse's (Husband/ wife) Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth (if available) (c) Age (in completed years) (d) Mobile No: - (e) Email Id:</p> <p>6. Address of the deceased at the time of death: (a) House No: (b) Locality: (c) Ward number (in case of town and if available) i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>7. Permanent address of deceased: (a) House No: (b) Locality: (c) Ward number (in case of town and if available) i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>8. Place of death(Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital/Institution" or the address or the "House" or "other place" where the death took place)</p> <p>1. Hospital/ Institution Name: 2. House 3. Other place Address: House (no: Locality: Ward number (in case 12of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>9. Informant's Details (a) Name: (b) Aadhaar No. (if available): (c) Mobile No: (d) E-mail: (e) Address: House No: (f) Locality Ward number (in case of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code</p> <p style="text-align: center;">DECLARATION:</p> <p>I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.</p> <p>(After completing all columns 1 to9, informant will put date and signature)</p> |
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| Date:- | Signature or thumb impression |
| To Be filled by the registrar | |
| Registration No: Registration Date: Registration Unit: Town/ Village: Sub- Distric t Distrit: Remarks (if any) Cause of Death(as per Form 4/4A): | |
| Name and signature of the Registrar | |