Urban Local Bodies Uttar Pradesh

Death Registration Form

*** Mandatory Field**

Applicant / Informer Details

Name* ---------- Relation with Deceased ----------

Mobile No* ---------- House Name / No* ----------

Mohalla / Street* ---------- Village / City* ----------

District* ---------- Pin Code* ----------

Deceased Details

Date of Death* ---------- Gender* Male / Female

Mother's Name* ---------- Father's Name* ----------

Deceased Name* ---------- Religion* ----------

Age at Death * ---------- Actual cause of Death* ----------

Death Place Details

Place of Death* ---------- Zone Name ----------

Ward Name ---------- Mohalla Name* ----------

Village/City/House No* ---------- Police Station* ----------

Deceased Permanent Address

Village/City/House No* ---------- Post Office * ----------

Police Station * ---------- District * ----------

Pin Code * ----------

Other Details

Deceased's Occupation * ---------- Is Death Medically Certified* Yes / No

Whether Pregnancy Death * ---------- If Habitual of Smoking Yes / No

If Habitual of Smoking * Yes / No

If Habitual of Pan/Supari * Yes / No

If Habitual of Tobacco* Yes / No

If Habitual of Alcohol * Yes / No

Proof of Death Affidavit / License / Pan Card / Voter ID / Residence Proof