

# CANTONMENT BOARD DEHU ROAD

FORM NO. 8

(See Rule 12)

## DEATH REGISTER

From No. 2

### Death Report

Legal information

This part to be added to the Death Register

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To be filled by the informant

1. Date of Death : \_\_\_\_\_
2. Name of the Deceased : \_\_\_\_\_
3. Sex of the Deceased : \_\_\_\_\_
4. Age of the Deceased : \_\_\_\_\_
5. Place of Death : \_\_\_\_\_
  1. Hospital Institution/ Name : \_\_\_\_\_
  2. House Address : \_\_\_\_\_
  3. Other Place : \_\_\_\_\_
6. Informant's Name : \_\_\_\_\_  
Address : \_\_\_\_\_

Date :

Signature or left thumb mark  
of the informant

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To be filled by the Registrar

Registration No. \_\_\_\_\_ Registration Date : \_\_\_\_\_  
Registration Unit : \_\_\_\_\_  
Town / Village : \_\_\_\_\_ District : \_\_\_\_\_  
Remarks : (if any) \_\_\_\_\_

Name and Signature of the Registrar