

FORM NO.8
(See rule 12)
DEATH REGISTER
Legal information

This part to be added to the Death Register

To be filled by the informant

1. **Date of Death** - -

2. **Deceased's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Date of Birth (if available): - -

(d) Age:

3. **Sex** (Enter "Male" or "Female" or "Transgender person") :

4. **Mother's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

5. **Father's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. **Spouse's (husband / wife) Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Date of Birth (if available): - -

(d) Age (in completed years):

(e) Mobile No:

(f) Email Id:

7. **Address of the deceased at the time of death:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

8. **Permanent address of the deceased:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

9. **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 of the "House" or "Other place" where the death took place) :

1. Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

10. **Informant's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No.:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

DECLARATION: 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.

To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: - - **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :

Registration Date: - -

Registration Unit :

Town / Village: Sub-District: District:

Remarks (if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar