

No.D3-21032/2020/PHQ

Thiruvananthapuram

phq.pol@kerala.gov.in

04712721547

Dated. 28-04-2020

Circular 16/2020/PHQ

Sub : Death in which inquest is held- Intimation of death to the Registrars of Corporations/ Municipalities/Grama Panchayaths- Instructions issued.

Ref : 1. PHQ Circular No. 49/65, Dt: 06.08.1965.
2. PHQ Circular No. 20/92, Dt: 25.08.1992.
3. Sec 8 of Registration of Births & Deaths Act, 1969
4. Sec 6(2) of Kerala Registration of Birth & Death Rules, 1999
5. Circular No B1-4356/2015 dt: 07.02.2015 Directorate of Panchayath ,Government of Kerala.

01.It is mandatory that every death in the state has to be registered at the office of the Registrar in Corporations/ Municipalities /Grama Panchayaths. For the death to be registered, it is necessary that the information of the occurrence of death is to be provided to the Registrar. Accordingly, duty is cast upon specified individuals under Section 8 of the Registration of Births & Deaths Act, 1969 and Rule 6 of Kerala Registration of Birth & Death Rules, 1999 to provide such information.

02. Rule 6(2) of Kerala Registration of Birth & Death Rules, 1999 mandates that, where any inquest is conducted, the officer who conducts the inquest shall give or cause to be given, information of the death, to the concerned authority, except in cases of death falling under Section 8 (a) to (e) of The Registration of Births & Deaths Act, 1969. These exceptions refer to cases where inquest is conducted in respect of death in houses, hospitals, jails, lodges, hostels and other institutions. In those instances, the death has to be reported by the guardian/manager/care-taker of the institutions concerned. In all other cases of inquest, the Police are responsible for providing information of death to the Registrar.

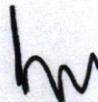
03. It has been brought to the notice of this office that the intimation as mandated above is not being duly done. This causes much anguish and public criticism. Accordingly, the following directions are issued:

a. It is the duty of the officer who conducts the inquest to give or cause to be given, information of the death to the Registrar of the local body concerned.

b. This intimation is to be done within 21 days from the date of report in the form prescribed.(Copy annexed)

c. This intimation must be done in all cases except those which occur in homes/hostels/hospitals/jails etc, wherein the duty is cast on the guardian/manager/custodian of those spaces.

d. Station House Officers are responsible to ensure that intimation of such death is promptly sent in all applicable cases, occurring within the Police Station.


Loknath Behera IPS
DGP & State Police Chief

To : All District Police Chiefs and ISHOs / SHOs

Copy To:
ADGP(SCRB)/ADGP(Crime Branch)/ADGP(L&O)/ADGP(Int)/
Zonal IsGP/Range DIsGP/SP Railways
Circular Register/Kerala Police Website
CAs to all Officers in PHQ

DEATH REPORT

LEGAL INFORMATION

This part to be added to the Death register

(See Rule 12)

(To be filled by the informant)

1. മരണം നടന്ന തീയതി / Date of death
(Enter the exact day, month and year eg.1.1.2000) :

2. മരണപ്പെട്ടയാളുടെ പൂർണ്ണമായ പേര് / Name of the deceased (Full name as usually written) :
(a) മരിച്ച വ്യക്തിയുടെ സ്ഥിരമായ മേൽവിലാസം / Permanent address of the deceased :

(b) അച്ഛന്റെ / ഭർത്താവിന്റെ പേര് / Name of Father / Husband :

(c) മാതാവിന്റെ പേര് / Name of Mother :

(d) മരിച്ച വ്യക്തിയുടെ മരണസമയത്തെ മേൽവിലാസം / Address of the deceased at the time of death :

3. ആൺ/പെൺ / Sex of the deceased :
(Enter "male" or "female" do not use abbreviation)

4. മരണപ്പെട്ടയാളുടെ വയസ്സ് / Age of the deceased :
(If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day in hours)

5. മരണ സ്ഥലം / Place of death
(Tick the appropriate entry 1, 2 or 3 below and give the name of the hospital/Institution or the address of the house where the death took place. If other place, give location)

- എ. ആശുപത്രി/ സ്ഥാപനം- പേര് / 1. Hospital / Institution- Name :
- ബി. വീട് - മേൽവിലാസം / 2. House - Address :
- 3. മറ്റു സ്ഥലം / Other Place :

6. വിവരം നൽകുന്ന വ്യക്തിയുടെ പേരും മേൽവിലാസവും / Informant's name and address :

ആശുപത്രി/സ്ഥാപനങ്ങളിലെ ബന്ധപ്പെട്ടവരുടെ മോളൊപ്പം,സീലും (ആശുപത്രി/ സ്ഥാപനങ്ങൾ മുഖാന്തിരം അറിയിക്കുന്നവയ്ക്ക് മാത്രം)/ Counter signature and seal of the authorities concerned (in the case of hospitals / institutions) :

തീയതി / Date: _____ വിവരം നൽകുന്ന വ്യക്തിയുടെ ഒപ്പ്/വിരലടയാളം/ Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.
Registration Unit
Town/ Village
Remarks (if any)

Registration Date:

District

Name and Signature of the Registrar

DEATH REPORT
Statistical Information

This part to be detached and sent for statistical processing

(To be filled by the informant)

<p>7. Town or Village of residence of the deceased :(Name of Corporation/ Municipality/ Gramapanchayat where the deceased usually lived. This can be different from the place where the Death occurred. The house address is not required to be entered).</p> <p>(a) Name of Corporation/ Municipality/ Gramapanchayat</p> <p>(b) Is it a Town/ Village (Tick the appropriate entry below) 1. Town 2. Village</p> <p>(c) Name of District:</p> <p>(d) Name of State:</p> <p>8. Religion: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write name of the religion)</p> <p>9. Occupation of the deceased: (If no occupation write Nil)</p> <p>10. Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No medical attention</p>	<p>11. Was the cause of death medically certified? : (Tick the appropriate entry below)</p> <p align="center">1. Yes 2. No.</p> <p>12. Name of Disease or Actual Cause of Death: (For all deaths irrespective of whether medically certified or not)</p> <p>13. In case this is a female death, did the death occur While pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below)</p> <p align="center">1. Yes 2. No.</p> <p>14. If used to habitually smoke for how many Years?</p> <p>15. If used to habitually chew tobacco in any form for how many years?</p> <p>16. If used to habitually chew arecanut in any form (including pan masala)-for how many years?</p> <p>17. If used to habitually drink alcohol for how many years?</p>
--	--

To be filled by the Registrar

Code No. Registration No. Registration date:

Date of death: Sex: 1. Male 2. Female Age : years/months/days/hours

Place of death: 1. Hospital/Institution 2. House 3. Other place

District : Taluk: Town / Village

Registration Unit :

Name and signature of the Registrar