

Death Notification serial number \_\_\_\_\_

<b>Place of death</b>			
Hospital <input type="checkbox"/>	Health center <input type="checkbox"/>	Health post <input type="checkbox"/>	Clinic <input type="checkbox"/> Other <input type="checkbox"/>
<b>Facility ownership</b>			
Government <input type="checkbox"/>	Private for non-profit <input type="checkbox"/>	Private for profit <input type="checkbox"/>	other government <input type="checkbox"/>
Facility address			
Facility name _____		Region/ City Adm. _____	
Zone _____		Town /Sub-city _____	
Woreda/S.Woreda _____		kebele _____	
House number _____		Telephone number _____	
<b>Section 1: Deceased Information</b>			
Full Name _____		Sex      Male <input type="checkbox"/> Female <input type="checkbox"/>	
Age _____		Date of Death <input type="text"/> <input type="text"/> <input type="text"/> Day <input type="text"/> Night <input type="text"/>	
		Date      Month      Year	
<b>Section 2: causes of death</b>			
Disease condition directly leading to death <b>immediate causes of death.</b>  Chain of events <b>intermediate causes of death</b>  <b>Underlying causes of death</b>	  	Causes of death	Time interval from onset of causes of death
Other significant conditions <b>contributing to death</b>			
<b>For women was the Deceased pregnant</b> Yes <input type="checkbox"/>		No	Unknown
Pregnant at the time of Death		Pregnant within 42 days before the death	
Pregnant between 43 days and 1 year before the death		Unknown	
Did the pregnancy contribute to death	Yes	No	Unknown
<b>Fetal or infant death</b>	Yes	No	
Multiple pregnancy	Yes	No	Unknown
still birth	Yes	No	Unknown
If the death within 24 hr specify the number of hour survived	<input type="text"/>	<input type="text"/>	Birth weight (In grams)
Number of completed wee of pregnancy	<input type="text"/>	<input type="text"/>	Age of the mother (Years)
Maternal Condition affected the fetus, newborn			

**Person who declare death**

Full name \_\_\_\_\_ Qualification \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Notification form issued by**

Full name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_