**NOTIFICATION CARD**

**(To be filled by the First** **informant)**

1. Name of the Child : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In case of the newborn, name of the mother should be used; eg; Baby of Nirmala)

1. Age : Years Months Days















1. Sex : Male Female









1. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Complete Address :

State:

1. Landmarks , if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Phone number of parents/family member (living in same household): \_

Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Death : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Place of Death : Home/ Hospital (name of the hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Signature** D**ate of Notification**

**Name of Informant Time**

|  |  |
| --- | --- |
| **For Office Use Only** |  |
| Date on which notification was received |  |
| Name of person who received the notification |  |

*Hand over this card to the parents of the child. The purpose is to provide verification of the fact that the family has been visited by the primary informant, and to inform others (the informant/s) visiting the family subsequently that the death has already been informed and to not repeat the process.*

**Dear Parents**

**We express our profound grief on the loss of your child. We will like to know more from you about the factors that could have contributed to the death of your baby so that steps can be taken to prevent such deaths in the future. In this context, some of health staff members may visit you in coming weeks.**

**You are requested to please retain all the documents pertaining to the health condition of the baby and the mother.**

**Please show this card to the health staff, who comes to collect further details about the illness.**

**Date****Signature of the Informant with Designation**