



Field Under – 5 Child Death Notification Format

Ministry of Health

FS2

1. RDHS Area			
2. MOH Area			
3. PHM Division			
4. Infant / Child Registration No		Mother Registration No	
5. Name of the Infant / Child			
6. Sex of the Infant / Child		Male	
		Female	
		Ambiguous	
7. Name of Mother			
8. Age of Mother		Parity	
		Ethnicity	
9. Permanent Residential Address			
10. Date of Birth	DD / MM / YYYY		
11. Best estimate of POA at delivery	Weeks		
12. Birth Weight	Grams		
13. Place of delivery	Hospital		
14. Date of Death	DD / MM / YYYY		
15. Age at Death	Days		
16. Weight at Death	Grams		
17. Place of Death	Home / Field / Hospital		
18. Name of Hospital			
19. Place of Hospital Death	On admission / Ward / SCBU / ICU		
20. BHT No: <i>(If Hospital death)</i>			
Short history from the onset of the illness up to death:			
Postmortem / Necropsy Findings			
Cause of Death			
Underlying cause	Immediate cause/s	Contributory cause/s	

Signature of the MOH :

Date :

Name :

Contact Phone (*Mobile No*):*Official Stamp*

Please prepare this report in triplicate and send one copy each to: Director / Family Health Bureau and Regional Director of Health Services (of mother's residence). Keep the remaining copy for official purposes at your unit / institution.