FOR USE BY PROMOTER

DISTRICT:_____
SUPERVISORY UNIT:_____
PROMOTER UNIT:_____

UNDER-FIVE DEATH REGISTER

YEAR:_____

Death Number	Month Reported	Care Group Number	Volunteer Name	Child's Name	Date of Birth (DD/MM/YY)	Date of Death (DD/MM/YY)	Age at Death (Mark [X] box of appropriate unit)	Pregnancy Number (if applicable)
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