**MIZORAM EXCISE & NARCOTICS**

**Office of the ASST. COMMISSIONER OF EXCISE & NARCOTICS,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIQUOR RELATED DEATH REPORT FORM**

|  |  |
| --- | --- |
| **Name & Addressof deceased person** |   |
| **Age** |   |
| **Place of Death** |   |
| **Date & Time of Death** |   |
| **Causes of death** |   |
| **Liquor used primarily** |   |
| **Educational background** |   |
| **Family background** |   |
| **Remarks** |   |

Dated : \_\_\_\_\_\_\_\_\_\_\_

 Asst. Commissioner of Excise & Narcotics,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ District, \_\_\_\_\_\_\_\_\_\_\_\_