



**BIRTH REPORT FOR ADOPTED CHILD FORM NO.1- A**

**Legal information**

*This part to be added to the Birth Register*

**BIRTH REPORT FOR ADOPTED CHILD FORM NO. 1 - A**

**Statistical information**

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p><b>1*.</b> <b>Date of Birth</b> (If known, write exact date of birth). (Otherwise record the date of birth as ascertained by the Magistrate)</p> <p><b>2*.</b> <b>Sex:</b> (Enter "male or "female"; do not use abbreviation)</p> <p><b>3.</b> <b>Name of the child :</b> (If name is changed on adoption, write new name)</p> <p><b>4*.</b> <b>Name of the mother :</b> ( If Known)</p> <p><b>5*.</b> <b>Name of the father :</b> (If Known)</p> <p><b>6.</b> <b>Date and number of adoption deed/ order</b></p> <p><b>7.</b> <b>Name of the adoptive mother :</b></p> <p><b>8.</b> <b>Name of the adoptive father:</b></p> <p><b>9.</b> <b>Address of adoptive parents as recorded in Adoption deed.</b></p> <p><b>10.</b> <b>Permanent address</b> of adoptive parents:</p> <p><b>11*.</b> <b>Place of birth</b></p> <p><b>12</b> <b>If adoption through agency</b> write the place &amp; address  Of the Adoption agency.</p> <p><b>13.</b> <b>Informant's name and address :</b> (After completing all columns 1 to 18 informant will put date and signature here :.)  <b>*As contained in the original birth certificate.</b></p> <p style="text-align: right;"><b>Date:</b> _____ <b>Signature or left</b> _____</p>	<p>To be filled for birth already registered</p> <p>To be detached and sent for statistical processing (Not to be filled for birth already registered)</p>	<p><i>To be filled by the informant</i></p> <p><b>14. Religion of the adoptive Father :</b> (Tick the appropriate entry below) 1.Hindu 2. Muslim 3.Christian  4. Any other religion :(write name of the religion)</p> <p><b>15. Adoptive father's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p><b>16. Adoptive mother's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p><b>17. Adoptive father's occupation :</b> (If no occupation write 'Nil')</p> <p><b>18. Adoptive mother's occupation :</b> (If no occupation write 'Nil')</p> <p style="text-align: right;"><i>Columns to be filled are over. Now put signature at left)</i></p>	
<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____                  Registration Unit : _____                  Town/Village : _____ District : _____  <b>Remarks : (if any)</b> _____  <div style="text-align: right;">Name and Signature of the Registrar _____</div></p>	<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                     Name _____ Code No. _____                      District : _____                      Tahsil : _____                      Town/Village : _____                      Registration Unit : _____                 </td> <td style="width:50%; border: none;">                     Registration No. : _____ Registration Date : _____                      Date of Birth : _____                      Sex : 1.Male 2.Female                      Place of Birth : _____  <div style="text-align: right;">Name and Signature of the Registrar _____</div> </td> </tr> </table>	Name _____ Code No. _____ District : _____ Tahsil : _____ Town/Village : _____ Registration Unit : _____	Registration No. : _____ Registration Date : _____ Date of Birth : _____ Sex : 1.Male 2.Female Place of Birth : _____ <div style="text-align: right;">Name and Signature of the Registrar _____</div>
Name _____ Code No. _____ District : _____ Tahsil : _____ Town/Village : _____ Registration Unit : _____	Registration No. : _____ Registration Date : _____ Date of Birth : _____ Sex : 1.Male 2.Female Place of Birth : _____ <div style="text-align: right;">Name and Signature of the Registrar _____</div>		

**FORM No. 1-A**  
**(See rule 5)**

**Legal information**

*This part to be added to the Death Register*

**Statistical information**

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p>1. <b>Date of Death :</b> (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. <b>Name of the Deceased :</b> (Full name as usually written)</p> <p><b>UID No of deceased (if any)</b>  <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>3. <b>Sex of the deceased :</b> (Enter "male", "female") do not use abbreviation</p> <p>4. <b>Name of Mother:</b> <b>UID No of Mother (if any)</b>  <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>5. <b>Name of Father</b> <b>UID No of Father (if any)</b>  <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>5a <b>Name of husband/wife</b> <b>UID No of husband/wife (if any)</b>  <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>6. <b>Age of the deceased:</b> (if the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)</p> <p>7. Address of the deceased at the time of death:</p> <p>8. Permanent address of the deceased:</p> <p>9. <b>Place of death:</b> (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)</p> <p>1. <b>Hospital/ Institution Name :</b></p> <p>2. <b>House Address :</b></p> <p>3. <b>Other Place</b></p> <p>10. <b>Informant's name :</b> <b>Address :</b></p> <p><i>(After completing all columns 1 to 21, informant will put date and signature here:)</i></p> <p><b>Date :</b> _____ <b>Signature or left thumb mark of the informant</b> _____</p>																																																																																									To be detached and sent for statistical processing	<p><i>To be filled by the informant</i></p> <p>11. <b>Town or Village of Residence of the deceased:</b> (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)</p> <p>a) <b>Name of Town/Village :</b></p> <p>b) <b>Is it a town or village :</b> (Tick the appropriate entry below) 1. <b>Town</b> 2. <b>Village</b></p> <p>c) <b>Name of District :</b></p> <p>d) <b>Name of State :</b></p> <p>12. <b>Religion :</b> (Tick the appropriate entry below) 1. <b>Hindu</b> 2. <b>Muslim</b> 3. <b>Christian</b></p> <p>4. <b>Any other religion:</b> (write the name of the religion)</p> <p>13. <b>Occupation of the deceased :</b> (If no occupation write 'Nil')</p> <p>14. <b>Type of medical attention received before death:</b> (Tick the appropriate entry below)</p> <p>1. <b>Institutional</b></p> <p>2. <b>Medical attention other than institution</b></p> <p>3. <b>No medical attention</b></p>	<p><i>To be filled by the informant</i></p> <p>15. <b>Was the cause of death medically certified?:</b> (Tick the appropriate entry below) 1. <b>Yes</b> 2. <b>No</b></p> <p>16. <b>Name of Disease or Actual Cause of Death :</b> (For all deaths irrespective of whether medically certified or not)</p> <p>17. <b>In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy:</b> (Tick the appropriate entry below) 1. <b>Yes</b> 2. <b>No</b></p> <p>18. <b>If used to habitually smoke - for how many years?</b></p> <p>19. <b>If used to habitually chew tobacco in any form - for how many years?</b></p> <p>20. <b>If used to habitually chew arecanut in any form (including pan masala) - for how many years?</b></p> <p>21. <b>If used to habitually drink alcohol - for how many years?</b></p> <p><i>(Columns to be filled are over. Now put signature at left)</i></p>

<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____ District : _____</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar</p>		<p style="text-align: center;"><b>To be filled by the Registrar</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">District : _____</td> <td style="width: 33%;">Name _____</td> <td style="width: 33%;">Code No. _____</td> </tr> <tr> <td>Tahsil : _____</td> <td></td> <td></td> </tr> <tr> <td>Town/Village : _____</td> <td></td> <td></td> </tr> <tr> <td>Registration Unit : _____</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Registration No. : _____</td> <td style="width: 33%;">Registration Date : _____</td> <td style="width: 33%;">Sex : 1. Male 2. Female</td> </tr> <tr> <td>Date of Death : _____</td> <td></td> <td></td> </tr> <tr> <td>Age : _____</td> <td colspan="2">Years/months/days/hours</td> </tr> <tr> <td>Place of Death : 1. Hospital/Institution 2. House 3. Other Place</td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">Name and Signature of the Registrar</p>	District : _____	Name _____	Code No. _____	Tahsil : _____			Town/Village : _____			Registration Unit : _____			Registration No. : _____	Registration Date : _____	Sex : 1. Male 2. Female	Date of Death : _____			Age : _____	Years/months/days/hours		Place of Death : 1. Hospital/Institution 2. House 3. Other Place		
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Place of Death : 1. Hospital/Institution 2. House 3. Other Place																										

## Legal information

*This part to be added to the Still Birth Register*

## Statistical information

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p>1. <b>Date of Birth</b> : (Enter the exact day, month and year e.g.1-1-2000)</p> <p>2. <b>Sex</b> : (Enter "male" , "female") (Do not use abbreviation)</p> <p>3. <b>Name of the father</b> : (Full name as usually written) UID No. of father (if any) _____</p> <p>4. <b>Name of the mother</b> : (Full name as usually written) UID No of mother (if any) _____</p> <p>5. <b>Place of birth</b> : (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)</p> <p><b>1.Hospital/ Institution Name :</b></p> <p><b>2.House Address :</b></p> <p>6. <b>Informant's name :</b> <b>Address :</b></p> <p><i>(After completing all columns 1 to 12, informant will put date and signature here:)</i></p> <p><b>Date</b> _____ <b>Signature or left thumb mark of the informant</b> _____</p>	<p>To be detached and sent for statistical processing</p>	<p><i>To be filled by the informant</i></p> <p>7. <b>Town or Village of Residence of the mother</b> : (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)</p> <p>a) <b>Name of Town/Village</b> :</p> <p>b) <b>Is it a town or village</b> : (Tick the appropriate entry below) 1. <b>Town</b>    2. <b>Village</b></p> <p>c) <b>Name of District</b> :</p> <p>d) <b>Name of State</b> :</p> <p>8. <b>Age of the mother (in completed years) at the time of this birth</b> :</p> <p>9. <b>Mother's level of education</b> : (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>10. <b>Type of attention at delivery</b> : (Tick the appropriate entry below)</p> <p>1. <b>Institutional – Government</b> 2. <b>Institutional – Private or Non-Government</b> 3. <b>Doctor, Nurse or Trained midwife</b> 4. <b>Traditional Birth Attendant</b> 5. <b>Relatives or others</b></p> <p>11. <b>Duration of pregnancy:</b> (in weeks)</p> <p>12. <b>Cause of foetal death</b> : (if known) <i>(Columns to be filled are over. Now put signature at left)</i></p>																			
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____ District : _____</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar _____</p>	<p><i>To be filled by the Registrar</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Name</td> <td style="width: 25%; text-align: center;">Code No.</td> <td style="width: 25%;">Registration No. : _____</td> </tr> <tr> <td>District :</td> <td></td> <td></td> <td>Registration Date : _____</td> </tr> <tr> <td>Tahsil :</td> <td></td> <td></td> <td>Date of Birth : _____</td> </tr> <tr> <td>Town/Village :</td> <td></td> <td></td> <td>Sex : 1.Male 2.Female</td> </tr> <tr> <td>Registration Unit :</td> <td></td> <td></td> <td>Place of Birth : 1.Hospital/Institution 2.House</td> </tr> </table> <p style="text-align: right;">Name and Signature of the Registrar _____</p>		Name	Code No.	Registration No. : _____	District :			Registration Date : _____	Tahsil :			Date of Birth : _____	Town/Village :			Sex : 1.Male 2.Female	Registration Unit :			Place of Birth : 1.Hospital/Institution 2.House
	Name	Code No.	Registration No. : _____																		
District :			Registration Date : _____																		
Tahsil :			Date of Birth : _____																		
Town/Village :			Sex : 1.Male 2.Female																		
Registration Unit :			Place of Birth : 1.Hospital/Institution 2.House																		



प्रपत्र- 5

Form-5

सं.No.

State Govt. Emblem
--------------------------

..... सरकार  
GOVERNMENT OF .....

.....विभाग/.....  
(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय कानाम)  
DEPARTMENT OF...../.....  
(Name of local body issuing certificate)



## जन्म प्रमाण-पत्र BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा..... जन्म मृत्यु रजिस्ट्रीकरण नियम,  
(राज्य का नाम)

.....के नियम 8/13 के अंतर्गत जारी किया गया)

(संशोधित नियम को अधिसूचित किए जाने का वर्ष)

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13  
of the ..... Registration of Births and Deaths Rules.....

(Name of State)

(Year of notifying the revised rules)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)

.....तहसील

.....

जिला .....राज्य ..... के रजिस्टर  
में उल्लिखित है ।

This is to certify that the following information has been taken from the original record of birth  
which is the register for (local area/local body) ..... of tahsil /  
block ..... of District ..... of State/Union territory

.....

नाम/Name: .....

लिंग/Sex.....

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of birth.....

माता का नाम/Name of Mother.....

माता का यूआईडी नं. /UID No of Mother .....

पिता कानाम/Name of Father .....

पिता का यूआईडी नं./UID No of Father .....

बच्चे के जन्म के समय माता पिता का पता

Address of parents at the time of birth of the child :

.....

.....

.....

माता पिता का स्थायी पता/

Permanent address of parents:

.....

.....

.....

पंजीकरण संख्या/Registration No :.....पंजीकरण दिनांक/Date of Registration.....

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

प्रत्येक जन्म एवम् मृत्यु कापंजीकरणसुनिश्चित करें/ "Ensure registration of every birth and death



प्रपत्र- 6  
Form-6

सं.No.



सरकार  
GOVERNMENT OF.....

विभाग/.....  
(प्रमाण पत्र जारी करने वाले स्थानीय निकाय कानाम)  
DEPARTMENT OF...../  
(Name of local body issuing certificate)



**मृत्यु प्रमाण पत्र**  
**DEATH CERTIFICATE**

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा.....जन्म मृत्यु रजिस्ट्रीकरण नियम,  
(राज्य का नाम)

.....के नियम 8/13 के अंतर्गत जारी किया गया)

(संशोधित नियम को अधिसूचित किए जाने का वर्ष)

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of  
the ..... Registration of Births and Deaths

Rules..... (Name of State)

(Year of notifying the revised rules)

यह प्रमाणित किया जाता है निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)

..... तहसील

..... जिला

..... राज्य ..... के रजिस्टर में  
उल्लिखित है ।

This is to certify that the following information has been taken from the original record of death  
which is the register for (local area/local body) .....of tahsil /block  
.....of District ..... of State/Union territory .....

नाम/Name: .....

मृतक का यूआईडी नं०/UID No of deceased.....

लिंग/Sex.....

मृत्यु की तिथि/Date of Death.....

मृत्यु का स्थान/Place of Death.....

माता का नाम/Name of Mother.....

माता का यूआईडी नं०/UID No of Mother.....

पिता कानाम/Name of Father.....

पिता का यूआईडी नं०/UID No of Father.....

पति/पत्नी का नाम/Name of Husband / Wife.....

पति/पत्नी का यूआईडी नं०/UID No of Husband / Wife.....

मृतक का मृत्यु के समय का पता

मृतक का स्थायी पता/

Address of the deceased at the time of death:

Permanent address of the deceased:

.....

.....

पंजीकरणसंख्या/Registration No :.....पंजीकरण दिनांक/Date of Registration.....

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

प्रत्येक जन्म एवम मृत्यु का पंजीकरण सुनिश्चित करें/ "Ensure registration of every birth and death

Form No. - 7  
(See Rule 12)

**BIRTH REPORT**

**Legal information**

*This part to be added to the Birth Register*

<i>To be filled by the informant</i>																							
<b>1.</b>	<b>Date of Birth :</b> (Enter the exact day, month and year the child was born e.g. 1-1-2000)																						
<b>2.</b>	<b>Sex :</b> (Enter "male , "female") do not use abbreviation)																						
<b>3.</b>	<b>Name of the child, if any :</b> (If not named, leave blank)																						
<b>4.</b>	<b>Name of the father :</b> (Full name as usually written) UID No of Father (if any) <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																						
<b>5.</b>	<b>Name of the mother :</b> (Full name as usually written) UID No of Mother (if any) <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																						
<b>6.</b>	Address of parents at the time of Birth of the Child																						
<b>7.</b>	Permanent address of parents:																						
<b>8.</b>	<b>Place of birth :</b> (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>1.Hospital/ Institution</b></td> <td style="width: 70%;"><b>Name :</b></td> </tr> <tr> <td><b>2.House</b></td> <td><b>Address :</b></td> </tr> </table>	<b>1.Hospital/ Institution</b>	<b>Name :</b>	<b>2.House</b>	<b>Address :</b>																		
<b>1.Hospital/ Institution</b>	<b>Name :</b>																						
<b>2.House</b>	<b>Address :</b>																						
<b>9.</b>	<b>Informant's name :</b>  <b>Address :</b>																						
<i>(After completing all columns 1 to 22, informant will put date and signature here :)</i>																							
<b>Date:</b>	<b>Signature or left thumb mark of the informant</b>																						
<i>To be filled by the Registrar</i>																							
Registration No. :	Registration Date :																						
Registration Unit :	District :																						
Town/Village :																							
Remarks : (if any)																							
Name and Signature of the Registrar																							





**FORM No.9**  
(See Rule12)

**STILL BIRTH REPORT**

**Legal information**

*This part to be added to the Still Birth Register*

<i>To be filled by the informant</i>											
<b>1. Date of Birth :</b> (Enter the exact day, month and year e.g.1-1-2000)											
<b>2. Sex :</b> (Enter "male" , "female") (Do not use abbreviation)											
<b>3. Name of the father :</b> (Full name as usually written) UID No. of father (if any)											
<b>4. Name of the mother :</b> (Full name as usually written) UID No of mother (if any)											
<b>5. Place of birth :</b> (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)											
<b>1.Hospital/ Institution      Name :</b>											
<b>2.House      Address :</b>											
<b>6. Informant's name :</b> <b>Address :</b>											
<i>(After completing all columns 1 to 12, informant will put date and signature here:)</i>											
<b>Date</b>						<b>Signature or left thumb mark of the informant</b>					

<i>To be filled by the Registrar</i>											
Registration No. :						Registration Date :					
Registration Unit :											
Town/Village :						District :					
Remarks : (if any)											
Name and Signature of the Registrar											

**FORM No.10**  
(See Rule 13)

**NON-AVAILABILITY CERTIFICATE**

(Issued under Section 17 of the Registration of Births & Deaths Act, 1969)

This is to certify that a search has been made on the request of Shri/Smt./Kum..... son/wife/daughter of ..... in the registration records for the year(s) ..... relating to (*Local area*)..... of (*Tahsil*) ..... of (*District*) ..... of (*State*) ..... and found that the event relating to the birth/death of ..... son/daughter of ..... was not registered.

Date .....

Signature of issuing authority

Seal

**FORM No. 11**  
(See Rule 14)

**SUMMARY MONTHLY REPORT OF BIRTHS**

1. Report for the Month of: \_\_\_\_\_ Year : \_\_\_\_\_
2. District:
3. Town/ Village:
4. Registration Unit:
5. Number of Births Registered:
  - (a) Within one year of their Occurrence:
  - (b) After one year of their Occurrence:

Total\* (a + b):

\* Total should be equal to the number of statistical part of Birth Report Forms (Form No.1) attached with this monthly report.

Signature & Name  
of the Registrar

Dated:

Submitted to the Chief Registrar/District Registrar

**FORM No. 12**  
(See Rule 14)

**SUMMARY MONTHLY REPORT OF DEATHS**

1. Report for the Month of: \_\_\_\_\_ Year \_\_\_\_\_
2. District:
3. Town/ Village:
4. Registration Unit:
5. Details of Deaths Registered during the Month:

Deaths			Infant Deaths	Maternal Deaths
Registered within one year of occurrence	Registered after one year of occurrence	Total *		
1	2	3	4	5

Note: Infant and Maternal Deaths should also be included in the Deaths.

\* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature & Name  
of the Registrar

Dated:

Submitted to the Chief Registrar/District Registrar

**FORM No. 13**  
(See Rule 14)

**SUMMARY MONTHLY REPORT OF STILL BIRTHS**

1. Report for the Month of: \_\_\_\_\_ Year : \_\_\_\_\_
2. District:
3. Town/ Village :
4. Registration Unit:
5. Number of Still Births Registered\*:

\*Number of Still Births Registered should be equal to the number of Still Birth Report Forms (Form No.3) attached with this monthly report.

Signature & Name  
of the Registrar

Dated:

Submitted to the Chief Registrar/District Registrar.