BIRTH REPORT Legal information

This part to be added to the Birth Register

BIRTH REPORT

Statistical information

form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

In the case of multiple births, fill in a separate

FORM NO.1

	To be filled by the informant			To be filled by the informant		To be filled by the informant
colu infor	Date of Birth: (Enter the exact day, month and year the child was born e.g. 1-1-2000) Sex: (Enter "male, "female") do not use abbreviation) Name of the child, if any: (If not named, leave blank) Name of the father: (Full name as usually written) UID No of Father (if any) UID No of Mother (if any) UID No of Mother (if any) Address of parents at the time of Birth of the Child Permanent address of parents: Place of birth: (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) 1.Hospital/ Name: Institution 2.House Address: Informant's name: Address: er completing all mms 1 to 22, mant will put date signature here:)	To be detached and sent for statistical processing	10. 11. 12. 13.	Town or Village of Residence of the mother: (Place where mother usually lives. This can be different from the place where delivery occurred. The house address is not required to entered.) a) Name of Town/Village: b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village c) Name of District: d) Name of State: Religion of the Family: (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write name of the religion) Father's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) Father's occupation: (If no occupation write 'Nii') Mother's occupation write 'Nii')	the	Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered)
	Data: Signature or left thumb mark of the informant			(Columns to be filled are ave	r Now put o	ignature at left)
	Date: Signature or left thumb mark of the informant To be filled by the Registrar			(Columns to be filled are ove	r. Now put s d by the Reg	
	, ,	<u> </u>				
•	istration No. : Registration Date :		ŀ	Name Code No.	Registration	· ·
Reg	istration Unit :			District :	Date of Bi	rth:
Town/Village: District:				Tahsil:	Sex: 1.M	ale 2.Female
Rem	narks : (if any)		ļ	Town/Village:	Place of B	irth: 1.Hospital/Institution 2.House
11011				Registration Unit :	. 1000 01 1	
				regionation offit.		
	Name and Signature of the Registrar					Name and Signature of the Registrar

Legal information

This part to be added to the Birth Register

Statistical information

	To be filled by the informant			To be filled by the informant	
1*.	Date of Birth (If known, write exact date of birth).		14.	Religion of the adoptive Father : (Tick the appropriate ent	ry
	(Otherwise record the date of birth as ascertained by the Magistrate)	9		below) 1.Hindu 2. Muslim 3.Christian	
		ere		4. Any other religion :(write name of the religion)	
2*.	Sex: (Enter "male or "female";	Jist	15.	Adoptive father's level of education :	
	do not use abbreviation	l eg		(Enter the completed level of	
3.	Name of the child :	for birth already registered)		education e.g. if studied upto class VII but passed only class	
	(If name is changed on adoption, write new name)	la l		VI, write class VI	
4*.	Name of the mother :	r birt	16.	Adoptive mother's level of education :	
	(If Known)	- 1		(Enter the completed level of	
5*.	Name of the father :	be filled		education e.g. if studied upto class VII but passed only class	
	(If Known)	þe		VI, write class VI)	
6.	Date and number of adoption deed/ order	to to	17.	Adoptive father's occupation :	
7.	Name of the adoptive method.	ΙŽ		(If no occupation write 'Nil')	
١٠.	Name of the adoptive mother :	ng			
8.	Name of the adoptive father:	statistical processing (Not to	18.	Adoptive mother's occupation : (If no occupation write 'Nil')	
9.	Address of adoptive parents as recorded in	 0			
	Adoption deed.	133			
10.	Permanent address of adoptive parents:				
11*.	Place of birth	sent for			
12	If adoption through agency write the place & address	and se			
	Of the Adoption agency.	<u>a</u>			
13.	Informant's name and address: (After completing all columns 1 to 18 informant will put date and signature here:)	detached			
	*As contained in the original birth certificate.	þe			
	Date: Signature or left	To be		Columns to be filled are over. Now put	t signature at left)
	To be filled by the Registrar			To be filled by the Re	gistrar
Registra	ation No. : Registration Date :		Name	Code No.	Registration No. : Registration Date :
Registra	ation Unit :		District	:	Date of Birth :
Town/V Remark	illage: District: ss: (if any)		Tahsil : Town/V		Sex: 1.Male 2.Female Place of Birth:
	Name and Signature of the Registrar			ation Unit:	
		1	I		Name and Signature of the Registrar

FORM No 2 (See Rule 5) DEATH REPORT FORM

Legal information

Statistical information

DEATH REPORT

This part to be added to the Death Register

	To be filled by the informant		To be filled by the informant		To be filled by the informant
1.	Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)	11.	Town or Village of Residence of the deceased: (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.)	15.	Was the cause of death medically certified?: (Tick the appropriate entry below)
2.	Name of the Deceased :		a) Name of Town/Village :		1.Yes 2. No
	(Full name as usually written)		b) Is it a town or village: (Tick the appropriate entry below)	16.	Name of Disease or Actual Cause of Death : (For all
	UID No of deceased (if any)		1. Town 2. Village		deaths irrespective of whether medically certified or not)
3.	Sex of the deceased : (Enter "male", "female")		c) Name of District :		
4.	do not use abbreviation Name of Mother:		d) Name of State :	17.	In case this is a female death, did the death occur
••	UID No of Mother (if any)	12.	Religion : (Tick the appropriate entry below)		while pregnant, at the time of delivery or within 6
5.	Name of Father	12.			weeks after the end of pregnancy: (Tick the appropriate entry below)
	UID No of Father (if any)		1.Hindu 2. Muslim 3.Christian		1.Yes 2. No
5a	Name of husband/wife		4. Any other religion: (write the name of the religion)		
	UID No of husband/wife (if any)	ng		18.	If used to habitually smoke -
	Age of the deceased: (if the deceased was over 1 year of	SS 13.	Occupation of the deceased :		for how many years?
6.	age, give age in completed years. If the deceased was below	200	(If no occupation write 'Nil')	19.	If used to habitually chew tobacco in
	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	<u>여</u> 14.		13.	any form -
	hours)	istic	Type of medical attention received before death: (Tick the appropriate entry below)		for how many years?
7.	Address of the deceased at the	stat		20.	If used to habitually chew arecanut in any
8.	time of death: Permanent address of the deceased:	for	1. Institutional	20.	form (including pan masala) -
^.	Place of death: (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	sent	2. Medical attention other than institution		for how many years?
	death took place. If other place, give location)	pu	3. No medical attention	21.	If used to habitually drink alcohol -
	1.Hospital/ Name : : : Institution : :	be detached and sent for statistical processing			for how many years?
	2.House Address :	etac			
	3.Other Place	ρ Θ			
10.	Informant's name :	<u> </u>			
	Address:				
	completing all s 1 to 21, informant date and signature				
Date :	Signature or left thumb mark of the informant				(Columns to be filled are over. Now put signature at left)
	To be filled by the Registrar		To be filled by	the Regi	strar
Registra	ation No.: Registration Date :		_ ·	istration	
_	ation Unit :		D:	e of Deat	G
Town/V	illage : District :		Tahsil: Age	:	Years/months/days/hours
Remark	ss: (if any)			ce of Dea	ath: 1.Hospital/Institution 2.House 3. Other Place
	Name and Signature of the Registrar		Registration Unit :		Name and Signature of the Registrar

STILL BIRTH REPORT

STILL BIRTH REPORT

In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

FORM NO.3

FORM No. 3
(See Rule 5)
STILL BIRTH REPORT FORM

Legal information

This part to be added to the Still Birth Register

Statistical information

	To be filled by the informant		To be filled by the informant					
1.	Date of Birth: (Enter the exact day, month and year e.g.1-1-2000)		7. Town or Village of Residence of the mother: (Place where the mother usually lives. This car from the place where the delivery occurred. The house address is not required to be entered.)	be different				
2. Sex: (Enter "male", "female") (Do not use abbreviation) 3. Name of the father: (Full name as usually written) UID No. of father (if any) 4. Name of the mother: (Full name as usually written) UID No of mother (if any) 5. Place of birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)		statistical processing	a) Name of Town/Village: b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village c) Name of District: d) Name of State: 8. Age of the mother (in completed years) at the time of this birth: 9. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)					
	1.Hospital/ Name : Institution	sent for	Two of attacking at delivery (Tick the appropriate acts helps)					
	2.House Address :	and se	10. Institutional – Government					
6.	Informant's name :		2. Institutional – Private or Non-Government					
	Address:	detached	3. Doctor, Nurse or Trained midwife					
		eta	4. Traditional Birth Attendant					
•	er completing all Imns 1 to 12.	pe q	5. Relatives or others					
info	rmant will put date	Tot	Duration of pregnancy: (in weeks)					
ana	signature here:)	•	11. Duration of pregnancy. (In weeks)					
			12. Cause of foetal death : (if known)					
Dat	e Signature or left thumb mark of the informant		(Columns to be filled are over. Now put signature at left)					
	To be filled by the Devistors		To be filled by the Devistors					
	To be filled by the Registrar		To be filled by the Registrar					
Reg	istration No. : Registration Date :		Name Code No. Registration No. :					
Reg	istration Unit:		District : Registration Date :					
Tov	n/Village: District:		Tahsil: Date of Birth:					
Remarks : (if any)			Town/Village: Sex: 1.Male 2.Female					
			Registration Unit : Place of Birth : 1.Hospital/Institution 2.House					
	Name and Signature of the Registrar		Name and Signature of	the Registrar				



प्रपत्र– 5

सं. No.	Form-5

State Govt. Emblem	सरकार GOVERNMENT OFविभाग/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
के नियम ८/१३ 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
यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
तहसील
जिलाराज्य 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)
नाम/Name:
लिंग/Sex
जन्म तिथि/Date of Birth
जन्म स्थान/Place of birth
माता का नाम/Name of Mother
माता का यूआईडी न॰ /UID No of Mother
पिता कानाम/Name of Father पिता का यूआईडी न。/UID No of Father
बच्चे के जन्म के समय माता पिता का पता माता पिता का स्थायी पता/
Address of parents at the time of birth of the child : Permanent address of parents:
पंजीकरण संख्या/Registration No :पंजीकरण दिनाँक/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
TIE VICENTIAL TO THE STATE OF T

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



9 – प्रपन्न 6-अ

₩.No	•
State Govt. Emblem	सरकार GOVERNMENT OF



मृत्यु प्रमाण पत्र DEATH CERTIFICATE

DEATH CERTIFICATE
(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 कीधारा 12/17 तथाजन्म मृत्यु रजिस्ट्रीकरण नियम,
(राज्य का नाम)
के नियम ८/१३ 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
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)
नाम/Name:
मृतक का यूआईडी न॰/UID No of deceased
लिंग/Sex
मृत्यु की तिथि/Date of Death
मृत्युं का स्थान/Place of Death
माता का नाम/Name of Mother
माता का यूआईडी न॰/UID No of Mother
पिता कानाम/Name of Father
पिता का यूआईडी न॰/UID No of Father
पति/पत्नी का नाम / Name of Husband / Wife
पति/पत्नी का यूआईडी न。/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 दिनाँक/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
, v v v ,

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

Form No. - 7 (See Rule 12)

BIRTH REPORT

Legal informationThis part to be added to the Birth Register

_	_								
	To be filled by the informant								
1.	Date of Birth: (Enter the exact day, month and year the child was born e.g. 1-1-2000)								
2.	Sex: (Enter "male, "female") do not use abbreviation)								
3.	Name of the child, if any : (If not named, leave blank)								
4.	Name of the father : (Full name as usually written) UID No of Father (if any)								
5.	Name of the mother : (Full name as usually written) UID No of Mother (if any)								
6.	Address of provide at the time of								
	Address of parents at the time of Birth of the Child								
7.	Permanent address of parents:								
8.	Place of birth: (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)								
	1.Hospital/ Name : Institution								
	2.House Address :								
9.	Informant's name :								
	Address:								
infor	olumns 1 to 22, mant will put a and signature								
	Date: Signature or left thumb mark of the informant								
	To be filled by the Registrar								
Regi	istration No.: Registration Date:								
1	istration Unit:								
	n/Village : District :								
Rem	narks : (if any)								
	Name and Cignature of the Deviator								
	Name and Signature of the Registrar								

(See Rule 12)

DEATH REGISTER

Legal information

This part to be added to the Death Register

1.	Date of Death: (Enter the exact day, month and year the death took place e.g. 1-1-2000)												
2.	Name of the Deceased : (Full name as usually written)												
	UID No	of de	ecease	d (if ar	y)								,
	Sex of	tho c	locoa	sod : /	Entor	"mala"	"fam	volo")					
3.	do not u				Emer	maic	, icii	iaic)					
	Name o	of Mo	ther:										
4.	UID No	of M	lother	(if any	<u>')</u>	1	1	1	1	1		1	1
	Name o	of Fat	her										
5.	UID No			if any)									
5a	Name o												-
ou	UID No	of h	usbano	l/wife	(if any)	1		ı	ı	1		1
	Age of	the o	decea	sed: (if the a	deceas	sed wa	as ove	r 1 ve	ar of a	ae.	1	!
6.													
0.	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												
	comple	completed number of days, and if below one day, in hours)											
	Addres	Address of the deceased at the											
7	time of death:												
7.			nt address of the deceased: death: (Tick the appropriate entry 1, 2 or 3 below and give the										
8.	name o												
9.	death t								,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10000	******	5 1110	
	1.Hospital/ Name :												
	Institution												
	2.House Address:												
	3.Othe	r Pla	се										
10.	Inform	ant's	name	∍:									
	Addres	ss :											
(After	complet	ing al	11										
	nns 1 to 2												
	ut date a	nd sig	gnatur	e									
here:)			Sia	natura	or lo	ft thur	nh ms	ark of	the in	forms	ınt		
Date	•		Jigi	iatult	. JI 16	it tirtui	1110	ai K OI	uic III	JIIII			
To be	filled by	the F	Regist	rar									
Regis	tration N	lo. :				Re	egistra	tion D	ate:				
Regis	tration Unit:												
Town	/Village :				D	istrict							
Rema	arks : (if a	any)											
					Na	me ar	nd Sig	nature	of the	Regi	strar		

To be filled by the informant

(See Rule12)

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

	To be filled by the informant									
1.	Date of Birth: (Enter the exact day, month and year e.g.1-1-2000)									
2.	Sex : (Enter "male" , "female") (Do not use abbreviation)									
3.	Name of the father : (Full name as usually written) UID No. of father (if any)									
4.	Name of the most on a									
4.	Name of the mother : (Full name as usually written) UID No of mother (if any)									
5.	Place of birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)									
	1.Hospital/ Name : Institution									
	2.House Address :									
6.	Informant's name :									
	Address :									
colu info	er completing all mns 1 to 12, mant will put date signature here:)									
Dat	e Signature or left thumb mark of the informant									
	To be filled by the Registrar									
Reg	istration No. : Registration Date :									
Reg	istration Unit :									
Tow	n/Village: District:									
	narks : (if any)									
1.01	, <i>,</i>									
	Name and Signature of the Registrar									

(See Rule 13)

NON-AVAILABILITY CERTIFICATE
(Issued under Section 17 of the Registration of Births & Deaths Act, 1969)

	This	is	to	certify	that	а	search	has	been	made	on	the	request	of
Shri/Sr	nt./Kur	n										son/	wife/daug	hter
of								in	the reg	jistration	reco	ords fo	or the yea	ır(s)
				relatin	g to (L	.oca	l area)							of
(Tahsil,)							of	(Distric	t)				. of
(State)						á	and found	that	the eve	ent relati	ng to	the I	birth/deat	h of
						sor	n/daughte	er of .					was	not
registe	red.													
Date									Signa	ture of is	ssuin	g auth	ority	
									Seal					

(See Rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1.	Report for the Month of: Ye	ear :
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):	
* Forms	Total should be equal to the number of statistical s (Form No.1) attached with this monthly report.	part of Birth Report
Dated	d:	Signature & Name of the Registrar
	Submitted to the Chief Registrar/District Registrar	

(See Rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

1.	Report to	or the Month of: _	_ Year				
2.	District:						
3.	Town/ Village:						
4.	Registration Unit:						
5.	Details of Deaths Registered during the Month:						
		Deaths		Infant Deaths	Maternal		
Registered		Registered	Total *		Deaths		
within	one	after one year					
year c	of	of occurrence					
occuri	rence						
1		2	3	4	5		
Note:	Infant and	Maternal Death	s should also be	included in the De	aths.		
* Forms		ould be equal to the control of the		itistical part of Dea port.	th Report		
Dated	ı			•	ure & Name ne Registrar		

Submitted to the Chief Registrar/District Registrar

(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*:
	umber of Still Births Registered should be equal to the number of Still Birth Report Forms orm No.3) attached with this monthly report.
Dat	Signature & Name of the Registrar ted:
	Submitted to the Chief Registrar/District Registrar.