Legal information

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.1

This part to be added to the Birth Register

Statistical information

This part to be detached and sent for statistical processing To be filled by the informant To be filled by the informant To be filled by the informant Town or Village of Residence of the mother: (Place where the Age of the mother (in completed Date of Birth: (Enter the exact day, month mother usually lives. This can be different from the place where the years) at the time of marriage: and year the child was born e.g. 1-1-2000) delivery occurred. The house address is not required to be entered.) (If married more than once, age at first marriage may be entered) Sex: (Enter "Male." Female" or Transgender) a) Name of Town/Village: do not use abbreviation) Age of the mother (in completed b) Is it a town or village: (Tick the appropriate entry below) years) at the time of this birth : Name of the child, if any: 3. (If not named, leave blank) 1. Town 2. Village Number of children born alive to the mother so far including this child: Name of the father: c) Name of District: (Number of children born alive to 4. (Full name as usually written) include also those from earlier UID No of Father (if anv) d) Name of State: marriage(s), if any) Name of the mother: **Religion of the Family:** (Tick the appropriate entry below) 5. Type of attention at delivery: (Tick the appropriate (Full name as usually written) statistical processing entry below) UID No of Mother (if any) 1. Hindu 2. Muslim 3. Christian Institutional - Government 4. Any other religion: (write name of the religion) Address of parents at the time of Institutional- Private or Non-Government 6. Father's level of education: Birth of the Child (Enter the completed level of Doctor, Nurse or Trained midwife education e.g. if studied upto class Permanent address of parents: 7. VII but passed only class VI, write Traditional Birth Attendant class VI) Place of birth: (Tick the appropriate entry 1 or 2 below and give the name Relatives or others 8. of the Hospital/Institution or the address of the house where the birth took for Mother's level of education: place) **Method of Delivery**: (Tick the appropriate entry below) be detached and sent (Enter the completed level of education e.g. if studied upto class 1.Hospital/ Name: Natural VII but passed only class VI, write Institution class VI) Caesarean 2.House Address: Forceps/Vacuum Father's occupation: (If no occupation write 'Nil') Birth Weight (in kgs.) (if available): 9. Informant's name : Mother's occupation: Duration of pregnancy (in weeks): Address: (If no occupation write 'Nil') ပ (After completing all columns 1 to 22. informant will put date and signature here :) 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 Registral Registration Date : Registration No. : Registration Date : Name Code No. Registration No. : Registration Unit: District: Date of Birth: District Sex: 1.Male 2.Female Town/Village: Tahsil: Remarks: (if any) Town/Village: Place of Birth: 1. Hospital/Institution 2. House Registration Unit: Name and Signature of the Registrar Name and Signature of the Registrar

Legal information

This part to be added to the Death Register

Statistical information

This part to be detached and sent for statistical processing

FORM NO.2

	To be filled by the informant		11.	To be filled by the informant	15.	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)		•••	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		Was the cause of death medically certified?: (Tick the appropriate entry below)		
2.	Name of the Deceased :			house address is not required to be entered.)		1.Yes 2. No		
2.	(Full name as usually written)			a) Name of Town/Village :	16.	1.163		
	UID No of deceased (if any)			b) Is it a town or village :(Tick the appropriate entry below)	10.	Name of Disease or Actual Cause of Death : (For all deaths		
3.	Sex of the deceased : : (Enter "Male, or "Female" or "Transgender")			1. Town 2. Village c) Name of District:		irrespective of whether medically certified or not)		
4.	do not use abbreviation) Name of Mother:			d) Name of State :	17.			
	UID No of Mother (if any)		12.			In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the		
5.	Name of Father			Religion: (Tick the appropriate entry below)		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 UID No of husband/wife (if any)			4. Any other religion: (write the name of the religion)	40	Marcal to bold to the Marcal to		
5b					18.	If used to habitually smoke - for how many years?		
5c	Age of husband/wife:		13.	Occupation of the deceased:			DEATH REPORT FORM	
	Contact details of husband/wife:	sing		(If no occupation write 'Nil')	19.	If used to habitually chew tobacco in any form -	AT	
6.	Age of the deceased: (if the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give	Ses	14.	Type of medical attention received before death: (Tick the appropriate entry		for how many years?	Ħ	
	age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)	pro		below)	20.	If used to habitually chew arecanut in any form	R	
7.	Address of the deceased at the	ca		1. Institutional		(including pan masala) - for how many years?	PO	
8.	time of death: Permanent address of the deceased:	statistical processing		2. Medical attention other than institution		Tor now many years:	RT	
9.	Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the	sta		3. No medical attention	21.	If used to habitually drink alcohol -	Ę	
	Hospital/ Institution or the address of the house where the death took place. If other place, give location)	sent				for how many years?	Ž	
	1.Hospital/ Name :	and s					3	
	Institution	g						
	2.House Address :	detached						
40	3.Other Place Informant's name :	deta						
10.	UID No of Informant (if any)	pe o						
	Address:	To						
1 to 21	completing all columns , informant will put date							
	gnature here:)							
Declar	ation.							
To the availal	best of my knowledge and information, the detail of Aadhaar of deceased is not ble.							
Date :	Signature or left thumb mark of the informant				(Colum	mns to be filled are over. Now put signature at left)		
	To be filled by the Registrar			To be filled by	the Regist	trar		
Regist	ration No.: Registration Date :			· ·	istration N			
-	ration Unit:			5	of Death	~		
	/illage : District :			Tahsil: Age		Years/months/days/hours		
	ks: (if any)				ace of Death : 1.Hospital/Institution 2.House 3. Other Place			
	Name and Signature of the Registrar			Registration Unit :		Name and Signature of the Registrar	1	

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

STILL BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

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

This part to be duded to the Still Birth Register	This part to be detached and sent for statistical processing
To be filled by the informant	To be filled by the informant
Date of Birth: (Enter the exact day, month and year e.g.1-1-2000)	 Town or Village of Residence of the mother: (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.)
2. Sex: (Enter "Male, " Female" or Transgender (Do not use abbreviation) 3. Name of the father: (Full name as usually written)	 a) Name of Town/Village: b) Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village
UID No. of father (if any) 4. Name of the mother: (Full name as usually written)	c) Name of District : d) Name of State :
UID No of mother (if any) 5. Place of birth: (Tick the appropriate entry below and give the	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
name of the Hospital/Institution or the address of the house where the birth took place) 1.Hospital/ Name:	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)
Institution 2.House Address :	only class VI, write class VI) 10. Type of attention at delivery: (Tick the appropriate entry below) 6. Institutional – Government
6. Informant's name : Address :	7. Institutional – Private or Non-Government 8. Doctor, Nurse or Trained midwife 9. Traditional Birth Attendant
(After completing all columns 1 to 12, informant will put date	9. Traditional Birth Attendant 10. Relatives or others
and signature here:)	11. Duration of pregnancy: (in weeks) 12. Cause of foetal death: (if known)
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 Registrar

Registration No.: Registration Date: Name Code No. Registration No. : Registration Unit: District: Registration Date: Town/Village: District: Date of Birth: Tahsil: Remarks: (if any) Sex: 1.Male 2.Female Town/Village: Place of Birth: 1.Hospital/Institution 2.House Registration Unit: 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

This part to be detached and sent for statistical processing

	To be filled by the informant			To be filled by the informant			
1*.	Date of Birth (If known, write exact		14.	Religion of the adoptive Father: (Tick the a	ppropriate e	ntry	
	(Otherwise record the date of birth			below)			
	as ascertained by the Magistrate)			1.Hindu 2. Muslim 3.Christian			
2*.	Sex: (Enter "male or "female";	g	15.	Adoptive father's level of education :	•		
	do not use abbreviation	ere		(Enter the completed level of			
3.	Name of the child :	gist		education e.g. if studied upto class VII but passed only class			
J.	(If name is changed on adoption, write new name)	ē		VI, write class VI			
	(in name is shariged on adoption, who new hame)	for birth already registered)		vi, with oldoo vi			
		alre					
4*.	Name of the mother: (If Known)	ŧ	16.	Adoptive mother's level of education :			
	UID No of mother (if any)	bir		(Enter the completed level of			
5*.		for		education e.g. if studied upto			
J .	UID No of father (if any)	þa		class VII but passed only class VI, write class VI)			
		to be filled		vi, write class vi)			
6.	Date and number of adoption deed/ order	pe	17.	Adoptive father's occupation :			
_				(If no occupation write 'Nil')			
7.	Name of the adoptive mother : UID No of adoptive mother (if any)	Ö					
) gr	18.	Adoptive mother's occupation :			
8.	Name of the adoptive father:	ssi		(If no occupation write 'Nil')			
o .	UID No of adoptive father (if any)	မ ပ		(ii no occupation write 1vii)			
9.	Address of adentive parents as recorded in	<u>p</u>					
э.	Address of adoptive parents as recorded in Adoption deed.	ica					
	Adoption deed.	tist					
10.	Permanent address of adoptive parents:	sta					
11*.	Place of birth	be detached and sent for statistical processing (Not					
	Tidoc of Sirtii	ent					
12	If adoption through agency write the place & address	s p					
	Of the Adoption agency.	a					
13.	Informant's name and address :	hec					
	(After completing all columns 1 to	tac					
	18 informant will put date and signature here :)	a de					
	*As contained in the original birth certificate.	o pe					
	Date: Signature or left thumb Mark of the informant.	1		Columns to be filled are ov			
	To be filled by the Registrar				To be filled I	by the Registrar	
	ration No. : Registration Date :			Name	Code No.	Registration No. :	Registration Date:
	ration Unit:	:	trict :			Date of Birth :	
	Village : District : rks : (if any)	Tah Tow	sıı : /n/Village	<u>.</u>		Sex: 1.Male 2.Female Place of Birth:	
. Coma	Name and Signature of the Registrar	:	gistration			Name and Signature of the R	egistrar
	<u> </u>		<u> </u>				

FORM NO. 4
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital In-patients. Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospi	tal				
I hereby certify tha	t the person whose partic	culars are given below died in	n the hospital in Ward No	on	atAM/Pl
NAME OF DECE	ASED		(D. d.		For use of Statistical Office
Sex	If 1 year or more, age in years	Ag If less than 1 year, age in month	e at Death If less than one month, age in days	If less than one day, age in hours	-
 Male Female 	- G- J				
<u>C</u>	AUSE OF DEATH			Interval between onset	
	ase, injury or complic not the mode of dying s a, etc.	due to (or ation which	r as a consequences of)	and death approx.	
Antecedent cause			r as a consequences of)		
	ions, if any, giving rise inderlying conditions las	to the above	. as a consequences o.,		
11		(c)			
	conditions contributing				
but not related to tr	ne disease or condition ca	•			
Manner of Death		How	w did the injury occur?		
 Natural 2. Acci Pending investig 	dent 3. Suicide 4. Horation	nicide			
	emale, was pregnancy the delivery? 1. Yes 2. N	ne death associated with?	1. Yes 2. No		
			Nam	e and signature of the Medica	l Attendant certifying the cause of dea
			Date of ver	ification	
		SEE R	EVERSE FOR INSTRUCTION	ONS	
-	(To be de	tached and handed over to th	ne relative of the deceased)		
	Certified	that Shri/Smt/Kum		. S/W/D of Shri	
	R/O		was ac	dmitted to this hospital on	
		ed on			
	1				
				Doctor(Medical Supdt. Name of Hospital)	

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: 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.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically, Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

FORM NO. 4A
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(For non-institutional deaths. Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)

				n/wife/daughter of	
		at		nent from	to and
NAME OF DEC	EASED				For use of Statistical Office
Sex	Engle	Age	at Death		Tor use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
 Male Female 					
(CAUSE OF DEATH			Interval between onset	1
<u> </u>	CAUSE OF DEATH			and death approx.	
	sease, injury or complic not the mode of dying s nia, etc.	due to (or ation which	as a consequences of)		
Antecedent cause					
	tions, if any, giving rise underlying conditions las	to the above	as a consequences of)		
		(c)			
II Other significant	conditions contributing	to the death			
	the disease or condition ca				
	female, was pregnancy the delivery? 1. Yes 2. N		1. Yes 2. No		
			Name and sig	gnature of the Medical Practiti	oner certifying the cause of death
			Date of verification		
		SEE REVE	RSE FOR INSTRUCTION	IS	
	(To be de	tached and handed over to the	relative of the deceased)		
	Certified	that Shri/Smt/Kum		S/W/D of Shri	
	R/O		was ı	under my treatment from	
	to	and	ne/she expired on		. at A.M./P.M.
				Doctor	

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: 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.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically, Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.



प्रपत्र— **5** Form-5

सं.**No.**

State
Govt.
Emblem

(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,
के नियम 8/13	े के शंतर्गत जारी	(राज्य का नाम)
	र के अंतगत जारा	क्या गया)
<u> </u>	rths and Dea	rths and Deaths Act, 1969 and Rule 8/13 ths Rulesr of notifying the revised rules)
यह प्रमाणित किया जाता है निम्नलिखित सूच	ाना जन्म के मूत	ल लेख से ली गई [°] है जो कि (स्थानीय क्षेत्र)
	तहसील	
जन्म	ਗ਼ਜ਼	के रजिस्टर में उल्लिखित
_	राज्य	क राजस्टर म डाल्लाखत
है ।		
This is to certify that the following informa which is the register for (local area/local bolock of District	ody)	of tahsil /
HTT /Nome or		
नाम/Name:		
लिंग/Sex		
जन्म तिथि/Date of Birth		
जन्म स्थान/Place of birth		
माता का नाम/Name of Mother		
माता का यूआईडी न॰ /∪।D No of M	1 - 4 l ··	
माता यम यूजाइडा ग 7010 100 वस	lotner	
6		
पेता कानाम/Name of Father		
पिता का यूआईडी न॰/∪৷D No of Fa	ther	
बच्चे के जन्म के समय माता पिता का पता		माता पिता का स्थायी पता <i>।</i>
	باملنام مطا	•
Address of parents at the time of birth of t	ne chila .	Permanent address of parents:
पंजीकरण संख्या/Registration No :	पंजीकरण दिन	पॅक/Date of Registration
टेप्पणी/Remarks (if any)		
जारा करन का ाताथ/Date of issue:		हस्ताक्षर/Signature of the issuing authority
		का पता/ Address of the issuing authority
	मोहर/Seal	

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





सं.No.

State
Govt.
Emblem

Cyrnin 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 कीधारा 12/17 तथाजन्म मृत्यु रजिस्ट्रीकरण नियम, (राज्य का नाम)
(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
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)
नाम/Name:
मृतक का यूआईडी न॰/ 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 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

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

BIRTH REPORT

Legal informationThis part to be added to the Birth Register

	To be filled by	the inform	ant							
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 , Transgender") do not use abbreviation)									
3.	Name of the c									
4.	Name of the father : (Full name as usually written) UID No of Father (if any)									
5.	Name of the n (Full name as u UID No of Moti	usually wri								
6.										
	Address of par Birth of the Chi		e time o	f						
7.	Permanent add	dress of pa	arents:							
8.	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	s :							
9.	Informant's na	ame :								
	Address :									
(45)										
(Afte	er completing olumns 1 to 22.									
	mant will put									
date here	and signature									
nere	.,)									
	Date:		Signati	ure o	r left	thum	n mari	k of th	e info	rmant
	Duto.		Oignat	<u> </u>	1 1011	· · · · · · · · · · · · · · · · · · ·	J IIIGI I		0 11110	Tillait
		To b	e filled i							
_	istration No. :		F	≺egis	tration	n Date	:			
_	istration Unit:		_							
	n/Village :		L	Distric	ct:					
Rem	narks : (if any)									
					Mar-	an -1 0	·! aur = /	1	.h. D	
					vame	and S	ignatu	ire of t	ne Re	gistrar

FORM No. 8 (See Rule 12)

DEATH REGISTER

Legal information

This part to be added to the Death Register

	To be filled b	w the inf	ormant										
	To be filled b	y trie irii	ormanı										
1.	Date of Dea	th · (Ent	er the ev	act day	, mon	th							
١.	and year the												
	aa youo		on place	o.g		٠,							
	Name of the Deceased :												
•	(Full name as usually written)												
2.	LUD No. of document (26 com)												
	UID No of deceased (if any)												
3.	Sex of the d	0003500	· (Entar	"mala"	"fam	olo"	Trance	l	.)				
٥.	do not use abl			maic	, icii	aic ,	Παποί	jenuei	,				
	Name of Mot												
4.	UID No of M		any)										
_	Name of Fatl	ier											
5.	UID No of Fa	ther(if a	ny)										
5a	Name of hush												
Ja	UID No of hu	sband/w	ife (if any)									
5b	لبيليا	., .,											
	Age of husba	nd/wite:											
5c	Contact detail	s of husb	and/wife:										
	A == = = £ 4b= =		d. /if the				. 1		~~				
6	Age of the o												
	of age, give								ai				
	completed n												
7.	•					•	,)					
٠.	Address of the	ne decea	sed at th	e time	of de	ath:							
8.	Permanent address of the deceased:												
9.	Place of dea					/12	or 3 be	elow a	nd aiv	e the			
	name of the												
	death took p	lace. If o	ther place	e, give	locati	on)							
	4.11	Man											
	1.Hospital/	Nan	ie.										
	Institution												
	2.House Address :												
	2.House	Add	ress:										
			ress :										
	3.Other Place	е	ress :										
10.		е	ress :										
10.	3.Other Place	e name :											
10.	3.Other Place Informant's	e name :		1									
10.	3.Other Place Informant's	e name :											
	3.Other Place Informant's UID No of Info Address:	name :											
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(After colum will pu here:)	3.Other Place Informant's UID No of Info Address: completing aligns 1 to 21, infi th date and signation: best of my knowledge.	name : rmant (if a	iny)	ation, t	he det	ail of A	adhaa	r of dec	ceased	l is not			
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(After colum will pu here:) Declar: To the availab Date: To be Regist Regist Town/	3.Other Place Informant's UID No of Info Address: completing alins 1 to 21, interest of the state and signation: best of my knowle. filled by the Faration No.: tration Unit: Village:	rmant (if a	nd inform	ft thur	mb ma	tion D	the in	forma	int	l is not			

FORM No.9 (See Rule12)

STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

Name and Signature of the Registrar

	o 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" , Transgender) Do not use abbreviation)				
3.	lame of the father : Full name as usually written) JID No. of father (if any)				
4.	lame of the mother :				
	Full name as usually written)				
	JID No of mother (if any)				
5.	None of birth. (Tiple the consensity and a holomorphism the				
J.	Place of birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where				
	ne birth took place)				
	le bil til took place)				
	1.Hospital/ Name : Institution				
	•				
	•				
6.	Institution				
6.	Institution :House Address :				
6.	Institution .House Address : nformant's name :				
(Afte	Institution :House Address: informant's name: Address: completing all				
(Afte	Institution LHouse Address: Informant's name: Address: completing all ins 1 to 12, ant will put date				
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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	а	search	has	been	made	on	the	request	of
Shri/S	mt./Kur	n										son/	wife/daug	hter
of								in	the reg	istration	reco	ords fo	or the yea	ır(s)
				relatin	g to (L	.oca	ıl area)							of
(Tahsi	i)							of	(Distric	t)				. of
(State)					6	and found	d that	the eve	nt relati	ng to	the	birth/deat	h of
						sor	n/daughte	er of .					was	not
registe	ered.													
Date .									Signa	ture of is	ssuin	g auth	ority	
									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. Details of Births Registered during the month:

Male	Female	Total
		1 + 2
1	2	3

*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 District Registrar

FORM No. 12 (See Rule 14) **SUMMARY MONTHLY REPORT OF DEATHS**

1.	Report for the Month of:	Year
_	Districts	

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- 5. Details of Deaths Registered during the month:

Deaths (Including all Infant & Child Deaths)		Infant Deaths (Age less than 1 year)		Child Deaths (Age 1 year or more but less than 5 years)				
Male	Female	Total (1 + 2)	Male	Female	Total (4 + 5)	Male	Female	Total (7 + 8)
1	2	3	4	5	6	7	8	9

^{*}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 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. Details of Still Births Registered during the month:

Male	Female	Total
		(1 + 2)
1	2	3

Signature & Name of the Registrar

Dated:

Submitted to the District Registrar

^{*}Total should be equal to the number of statistical part of Still Birth Report Forms (Form No.3) attached with this monthly report.