

Legal information

This part to be added to the Birth Register

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.

<p><i>To be filled by the informant</i></p> <p>1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. Sex : (Enter "Male, " Female" or Transgender) do not use abbreviation)</p> <p>Name of the child, if any : (If not named, leave blank)</p> <p>Name of the father : (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> </tr> </table> </p> <p>Name of the mother : (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> </tr> </table> </p> <p>6. Address of parents at the time of Birth of the Child</p> <p>7. Permanent address of parents:</p> <p>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)</p> <p>1.Hospital/ Institution Name :</p> <p>2.House Address :</p> <p>9. Informant's name :</p> <p>Address :</p> <p><i>(After completing all columns 1 to 22, informant will put date and signature here :)</i></p>																																									<p><i>To be filled by the informant</i></p> <p>10. 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.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>11. Religion of the Family : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3.Christian</p> <p>4. Any other religion :(write name of the religion)</p> <p>12. 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)</p> <p>13. 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)</p> <p>14. Father's occupation : (If no occupation write 'Nil')</p> <p>15. Mother's occupation : (If no occupation write 'Nil')</p>	<p><i>To be filled by the informant</i></p> <p>16. Age of the mother (in completed years) at the time of marriage : (If married more than once, age at first marriage may be entered)</p> <p>17. Age of the mother (in completed years) at the time of this birth :</p> <p>18. Number of children born alive to the mother so far including this child : (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. Type of attention at delivery : (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Institutional – Government</p> <p style="margin-left: 20px;">2. Institutional– Private or Non-Government</p> <p style="margin-left: 20px;">3. Doctor, Nurse or Trained midwife</p> <p style="margin-left: 20px;">4. Traditional Birth Attendant</p> <p style="margin-left: 20px;">5. Relatives or others</p> <p>20. Method of Delivery : (Tick the appropriate entry below)</p> <p style="margin-left: 20px;">1. Natural</p> <p style="margin-left: 20px;">2. Caesarean</p> <p style="margin-left: 20px;">3. Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) (if available) :</p> <p>22. Duration of pregnancy (in weeks) :</p>
<p>Date:</p>	<p>Signature or left thumb mark of the informant</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><i>To be filled by the Registrar</i></p>																																								
<p>Registration No. : Registration Date :</p> <p>Registration Unit : District :</p> <p>Town/Village : District :</p> <p>Remarks : (if any)</p>	<p style="text-align: center;">Name</p> <p>District :</p> <p>Tahsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p>	<p style="text-align: center;">Code No.</p>	<p>Registration No. : Registration Date :</p> <p>Date of Birth :</p> <p>Sex : 1.Male 2.Female</p> <p>Place of Birth : 1.Hospital/Institution 2.House</p>																																							
<p>Name and Signature of the Registrar</p>		<p>Name and Signature of the Registrar</p>																																								

To be detached and sent for statistical processing

FORM NO.1
(See Rule 5)

Legal information

Statistical information

This part to be added to the Death Register

This part to be detached and sent for statistical processing

<p><i>To be filled by the informant</i></p> <p>1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. Name of the Deceased : (Full name as usually written)</p> <p>UID No of deceased (if any) <table border="1" style="width:100%; height: 20px;"><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></tr></table></p> <p>3. Sex of the deceased : : (Enter "Male, or " Female" or "Transgender") do not use abbreviation)</p> <p>4. Name of Mother: UID No of Mother (if any) <table border="1" style="width:100%; height: 20px;"><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></tr></table></p> <p>5. Name of Father UID No of Father(if any) <table border="1" style="width:100%; height: 20px;"><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></tr></table></p> <p>5a Name of husband/wife UID No of husband/wife (if any) <table border="1" style="width:100%; height: 20px;"><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></tr></table></p> <p>5b Age of husband/wife: <table border="1" style="width:100%; height: 20px;"><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></tr></table></p> <p>5c Contact details of husband/wife:</p> <p>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 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. 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 death took place. If other place, give location)</p> <p>1. Hospital/ Institution Name :</p> <p>2. House Address :</p> <p>3. Other Place</p> <p>10. Informant's name : UID No of Informant (if any) <table border="1" style="width:100%; height: 20px;"><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></tr></table> Address :</p> <p>(After completing all columns 1 to 21, informant will put date and signature here:)</p> <p>Declaration: <input type="checkbox"/></p> <p>To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.</p> <p>Date : _____ Signature or left thumb mark of the informant</p>																																																																																																	<p><i>To be filled by the informant</i></p> <p>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.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below) 1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>12. Religion : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion: (write the name of the religion)</p> <p>13. Occupation of the deceased: (If no occupation write 'Nil')</p> <p>14. Type of medical attention received before death: (Tick the appropriate entry below)</p> <p>1. Institutional</p> <p>2. Medical attention other than institution</p> <p>3. No medical attention</p>	<p><i>To be filled by the informant</i></p> <p>15. Was the cause of death medically certified?: (Tick the appropriate entry below) 1. Yes 2. No</p> <p>16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>17. 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: (Tick the appropriate entry below) 1. Yes 2. No</p> <p>18. If used to habitually smoke - for how many years?</p> <p>19. If used to habitually chew tobacco in any form - for how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?</p> <p>21. If used to habitually drink alcohol - for how many years?</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be detached and sent statistical processing</p>																																																																																																		
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Registration No. : _____ Registration Unit : _____ Town/Village : _____ Remarks : (if any) _____	Registration Date : _____ District : _____ Tahsil : _____ Town/Village : _____ Name and Signature of the Registrar _____	Name _____ Code No. _____ Date of Death : _____ Age : _____ Years/months/days/hours Place of Death : 1.Hospital/Institution 2.House 3. Other Place Registration Unit : _____	Registration No. : _____ Registration Date : _____ Sex : 1.Male 2.Female Place of Death : 1.Hospital/Institution 2.House 3. Other Place Name and Signature of the Registrar _____																																																																																															

FORM NO 2
 (See Rule 5)
 DEATH REPORT FORM

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.

Legal information

Statistical information

This part to be added to the Still Birth Register

This part to be detached and sent for statistical processing

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" or Transgender (Do not use abbreviation))
3. **Name of the father** :
(Full name as usually written)
UID No. of father (if any)

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4. **Name of the mother** :
(Full name as usually written)
UID No of mother (if any)

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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/ Institution **Name** :
 - 2.House **Address** :
6. **Informant's name** :
Address :

(After completing all columns 1 to 12, informant will put date and signature here:)

Date **Signature or left thumb mark of the informant**

To be filled by the informant

7. **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.)

 - 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)
10. **Type of attention at delivery** : (Tick the appropriate entry below)
 6. Institutional – Government
 7. Institutional – Private or Non-Government
 8. Doctor, Nurse or Trained midwife
 9. Traditional Birth Attendant
 10. Relatives or others
11. **Duration of pregnancy:** (in weeks)
12. **Cause of foetal death** : (if known)

(Columns to be filled are over. Now put signature at left)

To be detached and sent for statistical processing

To be filled by the Registrar

Registration No. : Registration Date :
Registration Unit :
Town/Village : District :
Remarks : (if any)

Name and Signature of the Registrar

To be filled by the Registrar

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 and Signature of the Registrar

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

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

1*. **Date of Birth** (If known, write exact date in full)
(Otherwise record the date of birth as ascertained by the Magistrate)

2*. **Sex:** (Enter "male or "female"; do not use abbreviation)

3. **Name of the child :**
(If name is changed on adoption, write new name)

4*. **Name of the mother :** (If Known)
UID No of mother (if any)

5*. **Name of the father :** (If Known)
UID No of father (if any)

6. **Date and number of adoption deed/ order**

7. **Name of the adoptive mother :**
UID No of adoptive mother (if any)

8. **Name of the adoptive father:**
UID No of adoptive father (if any)

9. **Address of adoptive parents as recorded in Adoption deed.**

10. **Permanent address** of adoptive parents:

11*. **Place of birth**

12 **If adoption through agency** write the place & address Of the Adoption agency.

13. **Informant's name and address :**
(After completing all columns 1 to 18 informant will put date and signature here :)
***As contained in the original birth certificate.**
Date: Signature or left thumb Mark of the informant.

To be filled by the informant

14. **Religion of the adoptive Father :** (Tick the appropriate entry below)
1.Hindu 2. Muslim 3.Christian

15. **Adoptive 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)

16. **Adoptive 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)

17. **Adoptive father's occupation :**
(If no occupation write 'Nil')

18. **Adoptive mother's occupation :**
(If no occupation write 'Nil')

To be detached and sent for statistical processing (Not to be filled for birth already registered)

Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit : District :

Town/Village : District :

Remarks : (if any)
Name and Signature of the Registrar

To be filled by the Registrar

District :	Name	Code No.	Registration No. :	Registration Date :
Tahsil :			Date of Birth :	
Town/Village :			Sex : 1.Male 2.Female	
Registration Unit :			Place of Birth :	
			Name and Signature of the Registrar	

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 Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No..... on atAM/PM

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	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	
1. Male					
2. Female					
CAUSE OF DEATH					Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) due to (or as a consequences of)				
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) due to (or as a consequences of)				
II Other significant conditions contributing to the death but not related to the disease or condition causing it	(c)				

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri

R/O was admitted to this hospital on

and expired on

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)

I hereby certify that the deceased Shri/Smt/Km..... son/wife/daughter of resident of was under my treatment from to and he/she died on at A.M./P.M.

NAME OF DECEASED				For use of Statistical Office
Sex	Age at Death			
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	
3. Male				
4. Female				
CAUSE OF DEATH				Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.		(a) due to (or as a consequences of)		
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last		(b) due to (or as a consequences of)		
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)		

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri

R/O was under my treatment from

to and he/she expired on at A.M./P.M.

Doctor
Signature and address of Medical Practitioner/
Medical attendant with Registration No.

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.

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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.

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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.

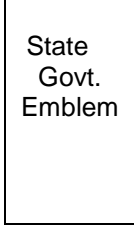
Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the 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.



..... 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

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) 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 नं°/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 नं°/UID No of Mother.....

पिता कानाम/Name of Father.....

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

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

पति/पत्नी का यूआईडी नं°/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

BIRTH REPORT

Legal information

This part to be added to the Birth Register

<i>To be filled by the informant</i>																			
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 child, if any :	(If not named, leave blank)																		
4. Name of the father :	(Full name as usually written) UID No of Father (if any)																		
	<table border="1" style="width: 100%; height: 15px;"><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></tr></table>																		
5. Name of the mother :	(Full name as usually written) UID No of Mother (if any)																		
	<table border="1" style="width: 100%; height: 15px;"><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></tr></table>																		
6.	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/ Institution Name : 2.House Address :																		
9. Informant's name :	Address :																		
<i>(After completing all columns 1 to 22, informant will put date and signature here :)</i>																			
Date:	Signature or left thumb mark of the informant																		
<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. 8
(See Rule 12)

DEATH REGISTER

Legal information

This part to be added to the Death Register

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)

- Name of the Deceased :**
(Full name as usually written)
- 2. UID No of deceased (if any)**

--	--
- 3. Sex of the deceased :** (Enter "male", "female", Transgender)
do not use abbreviation
- Name of Mother:**
- 4. UID No of Mother (if any)**

--	--
- Name of Father**
- 5. UID No of Father (if any)**

--	--
- Name of husband/wife**
- 5a. UID No of husband/wife (if any)**

--	--
- 5b. Age of husband/wife:**
- 5c. Contact details of husband/wife:**
- 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 age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
- 7. Address of the deceased at the time of death:**
- 8. Permanent address of the deceased:**
- 9. 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 death took place. If other place, give location)

1. Hospital/ Institution Name :

2. House Address :

3. Other Place
- 10. Informant's name :**
UID No of Informant (if any)

--	--

Address :

(After completing all columns 1 to 21, informant will put date and signature here:)

Declaration:

To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.

Date : _____ **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. : _____ Registration Date : _____

Registration Unit : _____

Town/Village : _____ District : _____

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>																			
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.	Name of the father : (Full name as usually written) UID No. of father (if any) <table border="1" style="width: 100%; height: 15px;"><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></tr></table>																		
4.	Name of the mother : (Full name as usually written) UID No of mother (if any) <table border="1" style="width: 100%; height: 15px;"><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></tr></table>																		
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) <table style="width: 100%;"><tr><td style="width: 15%;">1.Hospital/ Institution</td><td>Name :</td></tr><tr><td>2.House</td><td>Address :</td></tr></table>	1.Hospital/ Institution	Name :	2.House	Address :														
1.Hospital/ Institution	Name :																		
2.House	Address :																		
6.	Informant's name : Address :																		
<i>(After completing all columns 1 to 12, informant will put date and signature here:)</i>																			
Date	Signature or left thumb mark of the informant																		

<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.