

### EXTRAORDINARY PUBLISHED BY AUTHORITY

No. 356

Imphal, Friday, January 31, 2025

(Magha 11, 1946)

### GOVERNMENT OF MANIPUR SECRETARIAT: HEALTH DEPARTMENT

### **NOTIFICATION**

Imphal, the 31st January, 2025

No.MED-1202/4/2024-HS-: In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969), the Government of Manipur, with the approval of the Central Government, hereby makes the following rules further to amend the Manipur Registration of Births and Deaths Rules, 1999 namely:—

### The Manipur Registration of Births and Deaths (Amendment) Rules, 2024

- 1. Short title and commencement.- (1) These rules may be called the Manipur Registration of Births and Deaths (Amendment) Rules, 2024.
  - (2) They shall come into force from the date of their publication in the Official Gazette.
- 2. Amendment of rule 5.- In the Manipur Registration of Births and Deaths Rules, 1999 (hereinafter referred to as the principal rules), in rule 5, after sub-rule (3), the following sub-rules shall be inserted, namely:-
  - "(4) The word 'Name', wherever it occurs, in Forms referred to in these rules, shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.
  - (5) The word 'date', wherever it occurs, in Forms referred to in these rules, shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.
  - (6) The word 'address', wherever it occurs, in Forms referred to in these rules, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.".
- 3. Amendment of rule 7.- In rule 7 of the principal rules,
  - (a) in the marginal heading, for the word and figures "section 10(3)", the words and figures "sub-sections (2) and (3) of section 10" shall be substituted;
  - (b) after the words "certificate as to the cause of death", the words and figures ", including the history of illness, if any," shall be inserted;
  - (c) for the words and figures "sub-section (3)", the words and figures "sub-sections (2) and (3)" shall be substituted; and
  - (d) for the words and figures "form No. 4 or 4(a)", the words and figures "Form No. 4 and 4A respectively" shall be substituted.
- 4. Amendment of rule 8.- In rule 8 of the principal rules,
  - (a) in the marginal heading, for the words "Extract of registration entries to be given", the words "Certificate of registration of births or deaths to be given" shall be substituted,
  - (b) in sub-rule (1), -

- (i) for the words "extract of particulars", the words "certificate of birth or death extracted" shall be substituted; and
- (ii) after the words "given to an informant", the words and figure ", electronically or otherwise," shall be inserted;
- (c) for sub-rule (2), the following sub-rule shall be substituted, namely:-
  - "(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.";
- (d) in sub-rule (3),
  - (i) after the words "shall transmit", the words and figures ", electronically or otherwise," shall be inserted;
  - (ii) for the word "extracts", the word "certificate" shall be substituted; and
  - (iii) after the words "present in the house", the words "or, in his absence, the oldest adult person present," shall be inserted.
- (e) in sub-rule (4),
  - (i) for the words and figures "births and deaths referred to in clauses (b) to (e)", the words and figures "births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc)" shall be substituted;
  - (ii) for the word "collect", the words "obtain electronically or otherwise" shall be substituted; and
  - (iii) for the word "extract", the word "certificate" shall be substituted.
- (f) in sub-rule (5), for the word "extract", the word "certificate" shall be substituted.
- 5. Amendment of rule 9.- In rule 9 of the principal rules,
  - (a) in sub-rule (1), for the words "rupees two", the words "twenty rupees" shall be substituted; and
  - (b) for sub-rules (2) and (3), the following sub-rules shall be substituted, namely:—
    - "(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in Form No. 14.
    - (3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorised by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees."

- 6. Amendment of rule 12.- In rule 12 of the principal rules, after the words and figures "Forms No. 1", the figures ", 1A" shall be inserted.
- 7. Amendment of rule 13.- In rule 13 of the principal rules,
  - (1) in sub-rule (1),-
    - (i) for the words "an extract", the words "a certificate of birth or death" shall be substituted;
    - (ii) for the words and figures "issued under section 17, shall be as follows", the words and figures "issued under section 17, electronically or otherwise, shall be as follows" shall be substituted;
    - (iii) for the word and figure "Rs.", the word "Rupees" shall be substituted;
    - (iv) for the figures "2.00", wherever it occurs, the figures "20.00" shall be substituted;
    - (v) in clause (c), -
      - (a) for the word "extract", the word "certificate" shall be substituted; and
      - (b) for the figures "5.00", the figures "50.00" shall be substituted;
  - (2) in sub-rule (2), for the words "extract in regard to a birth or death shall be issued", the words and figures "certificate on the basis of extract from the register relating to birth or death shall be issued under section 17," shall be substituted; and
  - (3) in sub-rule (4), for the word "extracts", the word "certificate" shall be substituted.
- 8. Amendment of rule 16.- In rule 16 of the principal rules, for sub-rule (2), the following sub-rule shall be substituted, namely:—
  - "(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit."
- 9. Insertion of new rule 16A.- After rule 16 of the principal rules, the following rule shall be inserted, namely:—
  - "16A. Appeal.— An appeal under sub-section (1) of section 25A shall be preferred in Form No. 15.".
- 10. Amendment of rule 17.- In rule 17 of the principal rules,
  - (i) in sub-rule (2), for the words and figures "court orders and the orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar", the words and figures "permission granted under sub-section (2) of and the orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar" shall be substituted;
  - (ii) in sub-rule (3), for the words and figures "sub-section (3)", the words and figures "sub-sections (2) and (3)" shall be substituted.
- 11. In the principal rules, for the Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the Forms detail in annexure shall be substituted.

By Orders & in the Name of Governor;

SUMANT SINGH, Commissioner (Health & FW), Government of Manipur.

### " FORM NO.1 (See rule 5) **BIRTH REPORT**

### Legal information ISEE REVERSE FOR INSTRUCTIONS

This part to be added to the Birth Register

### FORM NO 1 (See rule 5) **BIRTH REPORT**

### Statistical information ISEE REVERSE FOR INSTRUCTIONS)

Name and Signature of the Registrar

This part to be detached and sent for statistical processing To be filled by the informant To be filled by the informant 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. Tick appropriate entry "Town" or "Village" and write its Date of Birth: DD - MM - YYYY 10. 1. Sex (Enter "Male" or "Female" or "Transgender person") : 2. Child's Details (If not named, leave blank):-Name, if any : First Name Middle Name Last Name (a) Town or Village: Sub-district: Aadhaar No. (if available): State or Union Territory: (b) District: PIN Code: Father's Details: For Religion [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"] Middle Name (a) First Name Last Name (b) Aadhaar No. (if available): (c) (a) Mobile No: Religion of Father: (d) Email (d: (b) Religion of Mother: processing (a) First Name Middle Name Last Name 12. Father's level of education: Name: (b) Aadhear No. (if available): 13. Mother's level of education: (c) (d) Father's Occupation: Email Id: 14. statistical Mother's Occupation: 15. Address of parents at the time of Birth of the Child: House No: 6. Locality: Ward number (in case of town and if available): Town or Village: Sub-district: 16. Age of the mother (in completed years) at the time District: ₫ PIN Code: of marriage (if married more than once, age at first marriage is to be written): State or Union Territory: sent Permanent address of parents: House No: 7. Locality: Ward number (in case of town and if available): and: 17. Age of the mother (in completed years) at the time of this birth : Town or Village: Sub-district: District: State or Union Territory: PIN Code: detached Number of children born alive to the mother so far including this child (Number of children born alive to 18. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took 8. include also those from earlier marriage(s), if any) : place): 1.Hospital / Institution 8 19. Type of attention at delivery (Tick the appropriate 2 entry below): 2. House 3. Other place Address: House No: Ward number (in case of town and if available): Institutional-Government Town or Village: Sub-district: District: Institutional – Private or Non-Government Doctor, Nurse or Trained Midwife State or Union Territory: PIN Code: Traditional Birth Attendant Informant's Details: (a) First Name Middle Name Last Name 20. Method of Delivery (Tick the appropriate entry below): (b) 9 Natura Aadhaar No. (if available): Mobile No: Forceps/Vacuum (d) Email Id: Address : House No: 21. Birth Weight (in kgs.) (if available): Locality: Ward number (in case of town and if available): Town or Village: District: 22. Sub-district: Duration of pregnancy (in weeks): PIN Code: State or Union Territory: DECLARATION: ☐ I have furnished true information to the best of my knowledge and bellef, I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information, Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by wey of Aadhaar (In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' , as the case may be, in the remarks column in (After completing all columns 1 to 22, the box below left.) Informant will put date and signature) Date: D D - M M - Y Y Y Y (Columns to be filled are over, Now put signature at left) Signature or left thumb mark of the informant To be filled by the Registrar To be filled by the Registrar Registration No. : District Y Y Y M M · C C Sub-District Registration Unit: Town/Village Town / Village: Sub-District: Registration Unit: District: Registration No. 2: Registration Date: D D - M M - Y Y Y Y Remarks (if any): Date of Birth: D C - M M - Y Y Y Y Sex: Male / Female / Transgender person Place of Birth: 1. Hospital/Institution 2. House 3. Other

Name and Signature of the Registrar

## Instructions for completing the Form 1: BIRTH REPORT

Item No.				ructions				
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mr is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Us only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.							
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.							
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last nam where full name (not abbreviation) to be written in capital letters and first name is mandatory. The should be minimum two characters in either [first name] or [middle name] or [last name]. If child not named, leave blank.  Birth can be registered without name of the child. However, name of child can be inserted, free charge, within 12 months of registration (Refer Rule 10 of State Rules).							
6,7,8,9	Address, whe	rever it occurs	, shall contain the n	ame of State or Union Terri n and if available), Locality,	tory, District, Sub-district, House number and PIN			
8	1. Hosp 2. Hous 3. Othe Give the name	oital / Institutionse r place	of the "Hospital / In	stitution" or the address of t	he "House" or 'Other			
10	Town or Villa	ge of residen	ce of the mother: !	Place where the mother us ccurred. The house addre	sually lives. This can be ss is not required to be			
12,13		ation – Write o	one of following-					
	1.Pre- Primary	6.Class 5	11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education			
	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate			
	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate				
	4.Class 3	9.Class 8	14.ITI	19. M.Phil				
	5.Class 4	10.Class 9	15.Diploma - / Certificate	20. Doctorate & above				
	class VI)			studied upto class VII but pa	assed only class VI, write			
14, 15	1. Cultiv 2. Agric 3. Daily 4. Singl 5. Empl 6. Gove 7. Priva 8. Dom	culture Labou Wages Earr le/Family Wo loyer ernment Emp	rer ler(Other than Agr rker/Self Employe					

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

FORM NO.1A ( Legal information) (See rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS] FORM NO.1A Statistical information (See rule 5) BIRTH REPORT FOR ADOPTED CHILD (SEE REVERSE FOR INSTRUCTIONS)

	This part to be added to the Birth Register		This par	1 10 b	e detached and sent for statistical processing
	To be filled by the Informent				To be filled by the informent
1*.	Date of Birth: D D M M Y Y Y Y		1	14.	For Religion [Enter appropriate religion
2°.	Sex (Enter "Male" or "Female" or "Transgender person"):				"Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"
3.	Child's details (If name is changed on adoption, write new name):-  Name of the Child First Name Middle Name Last Name	-			Buddinst of Jan of Citier (Please specify) [
(a)				.	Religion of Adoptive Father;
(b) 4*.	Aadhaar No. (if available):		(a	*)	iteligion of Adoptive radies,
(a)	Mother's Details (If known):- Name: First Name Middle Name Last Name		{b	o)	Religion of Adoptive Mother:
(b)			Ι,	1	4
(c)	Aadhaar No. (if available):		_ l .	15.	Adoptive Father's level of education:
(d)	Mobile No:			· .	naopare i aniei s rever oi coacadon.
5".	Email Id:		- 1	- 1	
(a)	Father's Details (if known):- Name: First Name Middle Name Last Name	1	1	16.	Adoptive Mother's level of education:
(b)		Ì	- 1	- 1	
(c)	Aadhaar No. (if available):	1	E 1	17.	Adoptive Father's Occupation:
(d)	Mobile No: Email Id:		SS	- 1	
6.		į	processing	18.	Adoptive Mother's Occupation:
(a)	Details of adoption deed / order:- Date: D D . M M . Y Y Y Y Y				
(b)	Number of Adoption deed / order:		8		
7.	Adoptive Mother's Details:-	1	statistical	- 1	
(a)	Name: First Name Middle Name Last Name		Sta		
(b)	Aadhear No. (if available):		8		
(c)	Mobile No:		sent for	- 1	
(d)	Emeil Id:			- 1	
8.	Adoptive Father's Details:-	-	E		
(a)	Name: First Name Middle Name Last Name	A STATE	, O		
(b)	Aadhaar No. (if available):		detached	- 1	
(c)	Mobile No:	1	ğ	- 1	
(d)	Email Id:			- 1	
9.	Address of adoptive parents as recorded in Adoption deed / order; House No:		26	- 1	
	Locality: Ward number (in case of town and if available):		욘	- 1	
i i	Town or Village: Sub-district: District:			- 1	
	State or Union Territory: PIN Code:				
10.	Permanent address of adoptive parents: House No: Locality:				
	Ward number (in case of town and if available): Town or Village: Sub-district: District:				
	State or Union Territory: PIN Code:				
11".	Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the '	i		- 1	
'''	Institution" or the address of the "House" or "Other place" where the birth took place):			- 1	
	1.Hospital / Institution Name ;				
		•			
	2. House 3. Other place Address: House No. Locality:	1		- 1	
	Ward number (in case of town and if available): Town or Village:				
	Ward number (in case of town and if available): Town or Village:  Sub-district: District:				
12.	Ward number (in case of town and if available): Town or Village:  Sub-district: District: State or Union Territory: PIN Code:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12.	Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12.	Ward number (in case of town and if available): Town or Village:  Sub-district: District:  State or Union Territory: PIN Code: State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12.	Ward number (in case of town and if available): Town or Village:  Sub-district: District:  State or Union Territory: PIN Code: State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available):	***************************************			
12.	Ward number (in case of town and if available): Town or Village: District:  Sub-district: District:  If adoption through Locality: Ward number (in case of town and if available): Sub-district: District:  Town or Village: District: District:  FIN Code: District: District:  Sub-district: PIN Code: District: District:  FIN Code: District: District	***************************************			
	Ward number (in case of town and if available): Town or Village: District: Sub-district: District:  If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): District:  Town or Village: Sub-district: District:  State or Union Territory: PIN Code: District:  PIN Code: District: District:  State or Union Territory: PIN Code: District: District:  Name: First Name Middle Name Last Name	***************************************			
13.	Ward number (in case of town and if available): Town or Village: Sub-district: District:  State or Union Territory: PIN Code:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
13. (a)	Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:				
13. (a) (b)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): District:  Sub-district: District: District: District: Sub-district: District:  Sub-district: District:  First Name Middle Name Last Name Aadhaar No.(if available): Email Id:				
13. (a) (b) (c)	Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:				
13. (a) (b) (c) (d)	Ward number (in case of town and if available): Sub-district: Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: District:  Town or Village: Sub-district: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Email Id: Address: House No: Locality: Ward number (in case of town and if available):  Middle Name Last Name Address: House No: Email Id: Address: House No: Sub-district: Sub-district: District: Sub-district: Sub-district: Sub-district: District: Sub-district: Sub-district: Sub-district: Sub-district: Sub-district: Sub-d				
13. (a) (b) (c) (d) (e)	Ward number (in case of town and if available): Sub-district: Sub-district: State or Union Territory: Informant's Details:- Name:  Addhaar No.(if available):  Mobile No: Email Id:  Address: House No: Locality:  Author or Village:  Sub-district:  Middle Name  Last Name  Addhaar No.(if available):  Mobile No: Email Id:  Address: House No: Locality:  Author or Village:  Sub-district:  Middle Name  Middle Name  Last Name  Address: House No:  Locality:  Mard number (in case of lown and if available):  District:  Sub-district:  District:  Sub-district:  District:  Sub-district:  District:  Sub-district:  District:  Sub-district:  District:  Address: House No: Locality:  Author or Village:  Sub-district:  District:  District:  Sub-district:  District:  District:  Address: House No: Locality:  PIN Code:  District:  District:  As contained in the original birth certificate.				
13. (a) (b) (c) (d) (e)	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No:  Locality:  Ward number (in case of town and if available):  Sub-district:  District:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name Middle Name Last Name  Addhaar No.(if available):  Mobile No:  Email Id:  Address: House No:  Locality:  Ward number (in case of lown and if available):  District:  State or Union Territory:  Informant's Details:-  Name:  Addhaar No.(if available):  Ward number (in case of lown and if available):  District:				
13. (a) (b) (c) (d) (e)  DEGLI penalti	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Sub-district: District: District: District: Sub-district: District:  Sub-district: District:  First Name   Middle Name   Last Name   Aadhaar No. (if available): Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): State or Union Territory: PIN Code:  Ward number (in case of town and if available): District: State or Union Territory: PIN Code:  Sub-district: District: District: State or Union Territory: PIN Code:  Address: House No: Locality: District: District: State or Union Territory: PIN Code:  Address: House No: Locality: District: District: District: District: District: Address: House No: Address: House No: Locality: District: District: District: District: District: Address: House No: Address: House No: Locality: District: District: District: District: District: Address: House No: Address: House No: Address: House No: Locality: District: District: District: District: District: Address: House No: Address				
13. (a) (b) (c) (d) (e)  DECLL penalti false ii benefit	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Address: House No:  Locality:  Ward number (in case of lown and if available):  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Address: House No:  Locality:  Ward number (in case of lown and if available):  District:  State or Union Territory:  Informant's Details:-  Nobile No:  Email Id:  Address: House No:  Sub-district:  District:  District:  District:  ARATION:  It have furnished true information to the best of my knowledge and belief, it am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Address (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identify by way of Aadhaar authentication.				
13. (a) (b) (c) (d) (e)  DECLipenaltifalse ii benefit	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:- Name:  First Name:  Middle Name:  Last Name  Aadhaar No.(if available):  Email Id:  Address: House No: Locality:  Sub-district:  District:  State or Union Territory:  Sub-district:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  As contained in the original birth certificate.  ARATION:  If have furnished true information to the best of my knowledge and belief, I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.				
13. (a) (b) (c) (d) (e)  DECLipenaltifalse ii benefit	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Sub-district:  District:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Aadhaar No.(if available):  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  District:  District:  District:  Ara Tlon:  Into name in the original birth certificate.  ARATION:  ARATION: Into I may furnished true information to the best of my knowledge and belief, it am aware of the issuedness exciton 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticaling identity by way of Aadhaar authentication.  Completing all columns 1 to 18, and will put date and signature)		(Column	ng to	be filled are over New and planeture at left.
13. (a) (b) (c) (d) (e)  DECLI penalti false ii benefit (After cinforms	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Aadhaar No.(if available):  Mobile No:  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  Sub-district:  District:  District:  District:  District:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  PIN Code:  District:  ARATION:  As contained in the eriginal birth certificate.  ARATION:  If have furnished true information to the best of my knowledge and belief, it am aware of the ise under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticaling identity by way of Aadhaar authentication.  completing all columns 1 to 18, and will put date and signature)		(Column	ns to	be filled are over. Now put signature at left)
13. (a) (b) (c) (d) (e)  DECLI penalti false ii benefit (After cinforms	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Addhaar No. (if available):  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  Sub-district:  District:		(Column	ns to	
13. (a) (b) (c) (d) (e)  DECLIpenaltifalse in benefit (After cinforms	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  Informant's Details:-  Nobile No:  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  "As contained in the original birth certificate.  ARATION:  I have furnished true information to the best of my knowledge and belief, I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information, Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication, completing all columns 1 to 18, and will put date and signature)  District:  District:  Ward number (in case of town and if available):  District:  District:  District:  District:  District:  District:  ARATION:  Address:  House No:  Ward number (in case of town and if available):  District:  District:  District:  District:  District:  District:  District:  Aration:  Aratio		(Column	ns to	To be filled by the Registrar
13. (a) (b) (c) (d) (e)  DECLL penalti false in intermediate informations.  Register	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No:  Ward number (in case of town and if available):  Sub-district:  Sub-district:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name:  Middle Name:  Last Name:  Addhaar No. (if available):  Mobile No:  Email Id:  Address: House No:  Address: House No:  Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  "As contained in the original birth certificate.  ARATION:  If have furnished true information to the best of my knowledge and belief, it am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature):  To be filled by the Registrar  ration No.:		District		To be filled by the Registrar Name Gode No.
13. (a) (b) (c) (d) (e)  DEGLi penalti false is benefit (After c informati Date:  Registi Registi	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  Informant's Details:-  Nobile No:  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  "As contained in the original birth certificate.  ARATION:  I have furnished true information to the best of my knowledge and belief, I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information, Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication, completing all columns 1 to 18, and will put date and signature)  District:  District:  Ward number (in case of town and if available):  District:  District:  District:  District:  District:  District:  ARATION:  Address:  House No:  Ward number (in case of town and if available):  District:  District:  District:  District:  District:  District:  District:  Aration:  Aratio		District Sub-Di	t_	To be filled by the Registrar Name Gode No.
13. (a) (b) (c) (d) (e)  DEGLipenaltifalse in benefit (Affer Afre) Cate:  Registi	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:- Name:  First Name:  Middle Name:  Last Name:  Addraar No.(if available):  Email Id:  Address: House No: Locality:  Sub-district:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  Address: House No: Sub-district:  District:  State or Union Territory:  PIN Code:  ARATION:  If have furnished true information to the best of my knowledge and belief, I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  completing all columns 1 to 18, and will put date and signature)  D D Imiting Informant  To be filled by the Registrar  ration No.:  ration Date:  D D Imiting Informant  To be filled by the Registrar		District	i Vila	To be filled by the Registrar Name Gode No.
13. (a) (b) (c) (d) (e)  DEGLipenaltifalse in benefit (Affer Afre) Cate:  Registi	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Address: House No:  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  Sub-district:  District:  District:  District:  Sub-district:  District:  District:  State or Union Territory:  "As contained in the original birth certificate.  ARATION:  ARATION:  I have furnished true information to the best of my knowledge and belief, I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  Completing all columns 1 to 18, and will put date and signature)  To be filled by the Registrar  ration No.:  ration Date:  District:  Sub-District:		District Sub-Di Town/\(\) Registra	d Villa Villa	To be filled by the Registrar Name Gode No.  1 ue : Registration No. :
13. (a) (b) (c) (d) (e)  DEGLL penatif false i benefit (After c inform Date:  Registi Registi Town / District	Ward number (in case of town and if available):  Sub-district:  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Address: House No:  Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  Sub-district:  District:  District:  District:  Sub-district:  District:  District:  State or Union Territory:  "As contained in the original birth certificate.  ARATION:  ARATION:  I have furnished true information to the best of my knowledge and belief, I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  Completing all columns 1 to 18, and will put date and signature)  To be filled by the Registrar  ration No.:  ration Date:  District:  Sub-District:		District Sub-Di Town/A Registra	istric Villa otion	To be filled by the Registrar Name Code No.  1 10: Registration No.: Date: D D M M Y Y Y Y
13. (a) (b) (c) (d) (e)  DEGLL penatif false i benefit (After c inform Date:  Registi Registi Town / District	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Aadhaar No.(if available):  Mobile No: Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  ARATION:  ARATION:  I have furnished true information to the best of my knowledge and belief, it am aware of the ise under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  completing all columns 1 to 18, and will put date and signature)  DD M M Y Y Y Y Signature or left thumb mark of the informant  To be filled by the Registrar  ration No.:  ration Date:  Tation Date:  Sub-District:  Sub-District:		District Sub-Di Town/\(\text{Registrat}\) Registrat	istric Vila ation ation Birth	To be filled by the Registrar  Name Code No.  Let Unit: Registration No.:  Date: D D - M M - Y Y Y Y  C D D - M M - Y Y Y Y
13. (a) (b) (c) (d) (e)  DEGLL penatif false i benefit (After c inform Date:  Registi Registi Town / District	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Aadhaar No.(if available):  Mobile No: Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  ARATION:  ARATION:  I have furnished true information to the best of my knowledge and belief, it am aware of the ise under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  completing all columns 1 to 18, and will put date and signature)  DD M M Y Y Y Y Signature or left thumb mark of the informant  To be filled by the Registrar  ration No.:  ration Date:  Tation Date:  Sub-District:  Sub-District:		District Sub-Di Town/\ Registra Registra Date of Sex : M:	listric Villa Villa ation ation Birth	To be filled by the Registrar Name Gode No.  it
13. (a) (b) (c) (d) (e)  DEGLL penatif false i benefit (After c inform Date:  Registi Registi Town / District	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Aadhaar No.(if available):  Mobile No: Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  ARATION:  ARATION:  I have furnished true information to the best of my knowledge and belief, it am aware of the ise under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  completing all columns 1 to 18, and will put date and signature)  DD M M Y Y Y Y Signature or left thumb mark of the informant  To be filled by the Registrar  ration No.:  ration Date:  Tation Date:  Sub-District:  Sub-District:		District Sub-Di Town/\(^1\) Registrar Registrar Date of Sex : M:	istric Villa ation ation Birth late /	To be filled by the Registrar  Name Code No.  Let Unit: Registration No.:  Date: D D - M M - Y Y Y Y  C D D - M M - Y Y Y Y
13. (a) (b) (c) (d) (e)  DEGLL penatif false i benefit (After c inform Date:  Registi Registi Town / District	Ward number (in case of town and if available):  Sub-district:  State or Union Territory:  If adoption through agency write the address of the Adoption agency: House No: Locality:  Ward number (in case of town and if available):  Town or Village:  Sub-district:  District:  State or Union Territory:  Informant's Details:-  Name:  First Name  Middle Name  Last Name  Aadhaar No.(if available):  Mobile No: Email Id:  Address: House No:  Locality:  Ward number (in case of town and if available):  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  State or Union Territory:  PIN Code:  District:  ARATION:  ARATION:  I have furnished true information to the best of my knowledge and belief, it am aware of the ise under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, is and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  completing all columns 1 to 18, and will put date and signature)  DD M M Y Y Y Y Signature or left thumb mark of the informant  To be filled by the Registrar  ration No.:  ration Date:  Tation Date:  Sub-District:  Sub-District:		District Sub-Di Town/\(^1\) Registrar  Pate of i Sex : M: Place of	istric Villa ation ation Birth late /	To be filled by the Registrar Name Gode No.  it

## Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD

Item No.			Insti	ructions		
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three.  If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be.  Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and othe numerical entries.					
2	Enter "Male"	or "Female" o	r "Transgender Pe	rson". Do not use abbrevia	ation.	
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [la name] where full name (not abbreviation) to be written in capital letters and first name mandatory. There should be minimum two characters in either [first name] or [middle nam or [last name].					
9,10.11,12,13	district, Towr	n or Village, 1 PIN Code.	Ward number (in	e name of State or Union case of town and if avai	Territory, District, Sub- lable), Locality, House	
15,16	1.Pre- Primary	6.Class 5	one of following— 11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education	
	2.Class 1 3.Class 2	7.Class 6 8.Class 7	12.Class 11 13.Class 12	17. PG Diploma  18. Master / Post graduate	22. Illiterate	
	4.Class 3	9.Class 8	14.ITI	19. M.Phil		
	5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above		
	(Enter the co- write class VI	mpleted level )	of education e.g. in	f studied upto class VII bu	t passed only class VI,	
17,18	1. Culti 2. Agric 3. Daily 4. Sing 5. Emp 6. Gove 7. Priva 8. Dom	culture Labou  Wages Earle/Family Wolloyer  ernment Emp	urer ner(Other than A orker/Self Employ			

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM NO.2 (See rule 5)
DEATH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Death Register

# FORM NO.2 (See rule 5) DEATH REPORT Statistical information [SEE REVERSE FOR INSTRUCTIONS]

	This part to be added to the Death Register	-	Th	is part to be detached and sent for statistical processing
1. 2. (a)	To be filled by the informant  Date of Death		11.	To be filled by the informant  Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate
(b) (c) (d)	Name: First Name Middle Name Last Name Adhaar No. (if available): Date of Birth (if available): D M M Y Y Y Y Age:			entry "Town" or "Village" and write its name): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
3.	Sex (Enter "Male" or "Fernale" or "Transgender person"):			Pelician (Enter appropriate religion "Mindu" or "Stuction" or
4.	Mother's Details:-		12.	Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other
(a)	Name: First Name Middle Name Last Name			(Please specify)"):
(b)	Aadhaar No. (if available):		13.	Occupation of the deceased:
(c)	Mobile No:		10.	observation of the occusion.
(d)	Email Id:		14.	Type of Medical Attention received before death (Tick
5.	Father's Details:-	5	1	the appropriate entry below):
(a) (b)	Name: First Name Middle Name "Last Name	Ses		Institutional     Medical attention other than Institution
(c)	Aadhaar No. (if available):	processing		No Medical attention
(d)	Mobile No: Email Id:	To or	15.	Was the cause of death medically certified? (Tick the
6.		stic		appropriate entry below):
(a)	Spouse's (husband / wife) Details:- Name: First Name Middle Name Last Name	for statistical		1.Yes 2. No
(b)	Aadhaar No.(if available):	27.5	16.	Name of Disease or Actual Cause of Death (For all
(c)	Date of Birth (if available): DD - MM - YYYYY	E		deaths irrespective of whether medically certified or not):
(d)	Age (in completed years):	se <sub>II</sub>	17.	In case this is a female death, did the death occur
(e)	Mobile No: Email Id:	and	1	while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy (Tick the appropriate
(1)		b G		entry below):
7.	Address of the deceased at the time of death: House No: Locality: Ward number (in case of town and if available):	Sch		1.Yes 2. No
	Town or Village: Sub-district: District:	be detached and	18.	If used to habitually smoke –
	State or Union Territory: PIN Code:	28	Ť	for how many years?
8.	Permanent address of the deceased: House No:	ပ	19.	If used to habitually chew tobacco in any form
	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District;	į		for how many years?
	State or Union Territory: PIN Code:		20.	If used to habitually chew arecanut in any form
9.	Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address			(Including pan masala) - for how many years?
	of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place):			
	1.Hospital / Institution Name :		21.	If used to habitually drink alcohol - for how many years?
}	2. House 3. Other place Address : House No:	Ì		is now many years.
	Locality: Ward number (in case of town and if available):			
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:			
10.	Informant's Details:-			
(a)	Name: First Name Middle Name Last Name	Ì		
(b)	Aadhaar No.(if available):			
(c)	Mobile No:			
(d) (e)	Email id: Address : House No.:	i		
(6)	Locality: Ward number (in case of town and if available);			-
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:			
DECL	ARATION: I have furnished true information to the best of my knowledge and belief. I am			
aware	of the penalties under section 23 of the Registration of Births and Deaths Act, 1969			
(amen	ded in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted by of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating			
identit	by way of Aadhaar authentication.	į		
∏To availal	the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble.			
(After	completing all columns 1 to 21,			
Inform	ant will put date and signature)    D D   M M   Y Y Y Y Signature or left thumb mark of the informant	1 100		to be filled an along New and all the file
Date	To the training and a first of the standard of the command	(C	життѕ	to be filled are over. Now put signature at left)
	To be filled by the Registrar	+		To be the day to be product
Regist	ration No. :	# 1		To be filled by the Registrar Name Code No.
	ration Date: D D M M Y Y Y Y		Distr	ict
_	ration Unit :			District
Sub-D	Village:			ration Unit
Distric			_	ration No. :
l .	ks ( if any):			ration Date: DD . M M . Y Y Y Y
	of Death (as per Form 4 / 4A):			Death: DD MM YYYY
				Male / Female / Transgender person
			-	deceased:
			FINDE (	of death: 1. Hospital/Institution 2. House 3. Other place
	Name and Signature of the Registrar			Name and Signature of the Registrar

## Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	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.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Subdistrict, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry  1. Hospital / Institution  2. House  3. Other place  Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following—  1. Cultivator  2. Agriculture Labourer  3. Daily Wages Earner(Other than Agriculture Labourer)  4. Single/Family Worker/Self Employed  5. Employer  6. Government Employee  7. Private Employee(Other than Domestic Helper)  8. Domestic Helper  9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

### FORM NO.3

## (See rule 5) STILL BIRTH REPORT

# Legal information [SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Still Birth Register

### FORM NO.3

## (See rule 5) STILL BIRTH REPORT Statistical information [SEE REVERSE FOR INSTRUCTIONS] 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: DD - MM - YYYYY  2. Sex (Enter "Male" or "Female" or "Transgender person"):  3. Father's Details:-  (a) Name: First Name Middle Name Last Name  (b) Aedhaar No. (if available):	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. Tick appropriate entry "Town" or "Village" and write its name):  Town or Village:  Sub-district:  District:  State or Union Territory:  PIN Code:
(d) Mobile No: Email Id:	8. Age of the mother (in completed years) at the time of this birth :
(a) Mother's Details:- (b) Name: First Name Middle Name Last Name (c) Aadhaar No.(if available):	9. Mother's level of education:
(d) Mobile No: Email Id:	P 10. Type of attention at delivery (Tick the appropriate entry below):
5. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place):  1.Hospital / Institution Name:  2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village: Sub-district:  State or Union Territory:  PIN Code:    District:   Distr	Type of attention at delivery (Tick the appropriate entry below):  1. Institutional-Government 2. Institutional – Private or Non-Government 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives or others  Duration of pregnancy (in weeks):  Cause of foetal death (if known):
6. Informant's Details:  (a) Name: First Name Middle Name Last Name  (b) Aadhaar No. (if available):  (c) Mobile No:  (d) Email Id:  (e) Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:  I have furnished true information to the best of my knowledge and belief, I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.  (After completing all columns 1 to 12,	(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.)
informant will put date and signature)	
Date: D D · M M · Y Y Y Y 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 Dale: DD - MM YYYYY Registration Unit: Town / Village:	Name Code No.  District Sub-District Town/Village:
Sub-District:	
District:	Registration Unit:
Remarks (if any):	Registration No. :
	Registration Date: DD - MM - Y Y Y Y
	Date of Birth: DD MM M Y Y Y Y
	Sex : Male / Female / Transgender person
	Place of Birth: 1. Hospital/Institution 2. House 3. Other place
Name and Signature of the Registrar	Name and Signature of the Registrar

## Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions							
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, is month in two digits and yyyy is year in four digits Wherever the date is written in words it sho be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three, only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries						written in words it should busand twenty three. Use	
2	Enter "Male"	or "Female" or	"Trans	sgender Pers	on". Do not use a	bbreviation	٦.	
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last na where full name (not abbreviation) to be written in capital letters and first name is mandatory. The should be minimum two characters in either [first name] or [middle name] or [last name].							
5,6	Address, whe Town or Villa Code.	erever it occurs ige, Ward num	s, shall nber (in	contain the r	name of State or on and if available	Union Terr e), Locality	itory, District, Sub-district, , House number and PIN	
5	1. Hosp 2. Hous 3. Othe Give the nam	r place	on of the	·	istitution" or the a	ddress of t	he "House" or 'Other	
7	Town or Villa	age of residen	ce of	the mother: he delivery o	Place where the occurred. The ho	mother u use addre	sually lives. This can be ss is not required to be	
9	Level of Educ	ation – Write o	one of	following				
	1.Pre- Primary	6.Class 5		lass 10	16. Bache Undergraduate	lor /	21. Literate without formal education	
	2.Class 1	7.Class 6	12.C	lass 11	17. PG Diploma		22. Illiterate	
	3.Class 2	8.Class 7		lass 12		/ Post	ZZ. IMOUSIO	
	4.Class 3	9.Class 8	14.17		19. M.Phil			
	5.Class 4	10.Class 9		15.Diploma / 20. Doctorate & above Certificate				
	class VI)					s VII but p	assed only class VI, write	
12.		al death – Writ	le one					
					13. Infection in the mother Parvovirus B19			
	2. Problems				U = 1		14. Infection in the mother Q fever	
	3. Problem v	vith umbilical o	ord	9. Infection in the mother		15. Infection in the mother Rubella (German measles)		
	4. Pre-eclan	npsia			n in the mother		tion in the mother Flu	
	5. Genetic p the baby	hysical defect	in		n in the mother	17. Infec	tion in the mother	
		rder in the mot holestas)	her		n in the mother			

Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

### 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)

A copy of this certificate to be provided to the nearest relative of the deceased

NAME OF DECEAS	ED: First Name	Middle Name La	ast Name		For use of Statistical Office
Sex	LD.   Filst Name		e at Death		For use of Statistical Office
	If 1 year or more,	If less than 1 year, age	If less than one month.	If less than one day, age	
	age in years	in month	age in days	in hours	
Male     Female     Transgender     person					
I Immediate cause State the disea.	use of DEATH  se, injury or complice of the mode of dying so etc.	Interval between onset and death approx.			
	ns, if any, giving rise t derlying conditions last	due to (or to the above	as a consequences of)		
II Other significant co but not related to the	nditions contributing t	o the deathusing it	*		
	3. Suicide 4. Homici		I the injury occur?		
	e, was pregnancy the de cry? 1. Yes 2. No	eath associated with?	1. Yes 2. No Name an	d signature of the Medical At	tendant certifying the cause of

### MEDICAL CERTIFICATE OF CAUSE OF DEATH

### Directions for completing the form

Name of deceased: To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

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-hearing 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'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

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 given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

					resident
on DD M		vas under my treatment from		and he/sl	ne died
NAME OF DECEASE	ED: First Name	Middle Name L	ast Name		r
MME OF DECEASE	Pilst Name				
Sex	If I year or more,	Age at Death  If less than 1 year, age   If less than one month,		If less than one day, age	For use of Statistical Office
DUA	age in years	in month	age in days	in hours	
. Male . Female . Transgender Person	ago in year	in menta	upo at 60/0	AT HOUSE	
CA	USE OF DEATH		r as a consequences of)	Interval between onset and death approx.	
caused death, no failure, asthenia,	se, injury or complice of the mode of dying setc.	ation which such as heart	•		
Antecedent cause  Morbid conditio  cause, stating un	ns, if any, giving rise derlying conditions la:	due to (or to the above	r as a consequences of)		
	nditions contributing disease or condition c	to the death			
	nale, was pregnancy th divery? 1. Yes 2. N	ne death associated with?	1. Yes 2. No		
			Name and sig		oner certifying the cause of dear
		SEE REV	ERSE FOR INSTRUCTION	S	

### MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

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.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



सं.No.

प्रपत्र- 5

Form-5

01-1-
State
Govt.
Emblem

नाम)....

स्कार
GOVERNMENT OF
विभाग/(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का
नाम) DEPARTMENT OF/. (Name of local body issuing certificate),

### जन्म प्रमाण-पत्र BIRTH CERTIFICATE

SIMIL SERVINGATE
(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा(राज्य का नाम)जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम (संशोधित नियम को अधिसूचित किए जाने का वर्ष)के नियम 8 / 13 के अंतर्गत जारी किया गया) (Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State)
यह प्रमाणित किया जाता है <b>कि</b> निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
जिला राज्य के रजिस्टर में उल्लिखित है। This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of Sub-district of District of State/Union territory
नाम/Name: लिंग/Sex
पंजीकरण संख्या/Registration No :

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



प्रपन्न- 6 Form-6

सं No.

State Govt. Emblem .... सरकार

GOVERNMENT OF .....

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



प्रसा प्रमाण प्रस

मृत्यु प्रमाण पत्र
DEATH CERTIFICATE
(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा(राज्य का
नाम) जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, (संशोधित नियम को अधिसूचित किए जाने का वर्ष)के नियम 8 / 13 के अंतर्गत जारी किया गया)
(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State)
(Amendment) Rules (Year of notifying the revised rules).
यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
<u>उप-जिला</u>
जिला 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 State/Official territory
नाम/Name:
मृतक का आधार न॰ /Aadhaar No. of deceased:
मृत्यु की तिथि/Date of Death
मृत्यु का स्थान/Place of Death
माता का नाम/Name of Mother
माता का आधार न。 /Aadhaar No. of Mother:
पिता का आधार न॰ /Aadhaar No. of Father: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
पति/पत्नी का नाम / Name of Husband / Wife
पति/पत्नी का आधार न。/Aadhaar No. of Husband / Wife: XXXXXXXXXXX
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:
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 का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death

# 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 D D M M - Y Y Y Y
2.	Deceased's Details:-
(a)	Name: First Name Middle Name Last Name
1	Aadhaar No. (if available):
(p)	
(c)	Date of Birth (if available): DDD-MMM-YYYY Age:
(d)	
3.	Sex (Enter "Male" or "Fernale" or "Transgender person");
4.	Mother's Details:-
(a)	Name: First Name Middle Name Last Name
(b)	Aadhaar No. (if available):
(c)	Mobile No:
(d)	Email id:
5.	Father's Details:-
(a)	Name: First Name Middle Name Last Name
(b)	Aadhaar No. (if available):
(c)	Mobile No:
(d)	Email Id:
1 '	
6.	Spouse's (husband / wife) Details:- Name: First Name Middle Name Last Name
(a) (b)	
1	Aadhaar No. (if available):
(c)	Date of Birth (if available):  Age (in completed years):
(d)	Mobile No:
(e)	Email Id:
(f)	
7.	Address of the deceased at the time of death: House No:
1	Locality: Ward number (in case of town and if available):
1	Town or Village: Sub-district: District:
1	State or Union Territory: PIN Code:
8.	Permanent address of the deceased: House No:
1	Locality: Ward number (in case of town and if available):
1	Town or Village: Sub-district: District:
l _	State or Union Territory: PIN Code:
9.	Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of
1	the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took
1	place) : 1.Hospital / Institution Name :
1	
1	Compared to Address: House No:  Locality: Ward number (in case of town and if available):
1 -	Town or Village: Sub-district: District:
	State or Union Territory: PIN Code:
10.	Informant's Details:-
(a)	
(a) (b)	Name: First Name Middle Name Last Name
(b)	Name: First Name Middle Name Last Name Aadhaar No.(if available):
(b)	Name: First Name Middle Name Last Name Adhaar No.(if available):
(b) (c) (d)	Name: First Name Middle Name Last Name Aadhaar No.(if available):
(b)	Name: First Name Middle Name Last Name Aadhaar No.(if available):
(b) (c) (d)	Name: First Name Middle Name Last Name Aadhaar No.(if available):
(b) (c) (d)	Name: First Name Middle Name Last Name Addhaar No.(if available):  Mobile No: Email id: Address: House No.: Locality: Ward number (in case of town and if available):
(b) (c) (d) (e)	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
(b) (c) (d) (e)	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
(b) (c) (d) (e) DECLA aware (2023)	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
(b) (c) (d) (e) DECLA aware ( 2023) i Financi	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
(b) (c) (d) (e) DECLA aware ( 2023) i Financi Aadhaa	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
DECLA aware of 2023) i Financi Aadhaa	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
(b) (c) (d) (e)  DECLA aware 2023) Financi Aadhaa  To !!	Name: First Name Middle Name Last Name  Aadhaar No.(if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District:  ARATION: I have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of all and Other Subsidles, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication.  The best of my knowledge and information, the detail of Aadhaar of the deceased is not available.
(b) (c) (d) (e)  DECLA aware ( 2023) financi Aadhaa  To tt	Name: First Name Middle Name Last Name  Aadhaar No.(if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
(b) (c) (d) (e)  DECLA aware 2023) Financi Aadhaa  To !!	Name: First Name Middle Name Last Name  Aadhaar No.(if available):
(b) (c) (d) (e)  DECLA aware ( 2023) financi Aadhaa  To tt	Name: First Name Middle Name Last Name  Aadhaar No.(if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
(b) (c) (d) (e)  DECLA aware ( 2023) ( Financi Aadhaa  To ( (After c informa Date:	Name: First Name Middle Name Last Name  Aadhaar No. (if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available):  Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District:  ARATION: Have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of ial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication.  The best of my knowledge and information, the detail of Aadhaar of the deceased is not available.  Completing all columns 1 to 21, and will put date and signature)  DD - MM - YYYY Signature or left thumb mark of the informant.  To be filled by the Registrar
(b) (c) (d) (e)  DECLA aware ( 2023) ( Financi Aadhaa  To ( (After c informa Date:	Name: First Name Middle Name Last Name  Aadhaar No.(if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District:  ARATION: Have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of all and Other Subsidles, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication.  The best of my knowledge and information, the detail of Aadhaar of the deceased is not available.  Completing all columns 1 to 21, and will put date and signature)  DDD - MM - Y Y Y Y Signature or left thumb mark of the informant
(b) (c) (d) (e)  DECLA aware (c) 2023) (financi Aadhaa	Name: First Name Middle Name Last Name  Aadhaar No. (if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available):  Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District:  ARATION: Have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of ial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication.  The best of my knowledge and information, the detail of Aadhaar of the deceased is not available.  Completing all columns 1 to 21, and will put date and signature)  DD - MM - YYYY Signature or left thumb mark of the informant.  To be filled by the Registrar
DECLA aware (2023) i Financi Aadhaa To ti informa Date: Registn	Name: First Name Middle Name Last Name  Aadhaar No. (if available):  Mobile No: Email id:  Address: House No.: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District:
(b) (c) (d) (e)  DECLA aware (2023) (Financi Aadhaa in To ti (After (informa Date:  Registra Registra Registra	Name: First Name Middle Name Last Name  Aadhaar No. (if available):
DECLA aware ( 2023) i Financi Aadhaa To ti (After c informa Date:  Registn Registn Registn Town /	Name: First Name Middle Name Last Name  Aadhaar No. (if available):
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DECLA aware of 2023) of Financi Aadhaa To to (After of informa) Date:  Registri Registri Registri Registri Registri Registri Remark	Name: First Name Middle Name Last Name  Aadhaar No.(if available):

# FORM NO.9 (See rule 12) STILL BIRTH REGISTER

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

	To be filled by the informant
	To be filled by the informant
1.	Date of Birth: DD - MM - YYYYY
2.	Sex (Enter "Male" or "Female" or "Transgender person"):
3. (a) (b) (c) (d)	Father's Details:- Name: First Name Middle Name Last Name Aadhaar No. (if available):
4. (a) (b) (c) (d)	Mother's Details:- Name: First Name Middle Name Last Name Aadhaar No. (if available): Mobile No: Email Id:
5.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place):  1. Hospital / Institution Name:  2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code:
under Aadha identity by wa	Informant's Details: Name: First Name Middle Name Last Name  Aadhaar No. (if available):  Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: ON: ished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of ion of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, ar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating by of Aadhaar authentication.
informant will	ting all columns 1 to 12, put date and signature)
Date: D	D - M M - Y Y Y Y Signature or left thumb mark of the informant
	THE CHARLE HIGHEN OF THE HEOLINGIE
	To be filled by the Registrar
Registration I Registration I Registration I Town / Village Sub-District: District:	Date: DD - M M - Y Y Y Y Julia:
Remarks (if a	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 (amended in 2023))

	This	is	to	certify	that	a	search	has	been	made	on	the	request	of
Shri/Sr	nt./Kur	n				s	• • • • • • • • • • • • • • • • • • • •		ex	::::::::::::::::::::::::::::::::::::::	so	n/wife/	daughte	r of
		• • • • • •			<i>100.</i>		•••••	in the	e regist	ration	record	s for	the ye	ar(s)
			3.	relatin	g to (	Loca	al area).		· · · · · · · ·					of
(Sub-E	istrict)	·						<sub>2</sub>	of (Disti	rict)				of
(State)			- ess.	·····		aı	nd found	that t	he eve	nt relati	ing to	the b	irth/deat	h of
	•••••	(0)61.1.6		(#r		son/	/daughte	r of .	. 1995 19				was	not
registe	red.													
Date:	d	d	- n	m -	уу	уу	]							
	L				<u> </u>		1		;	Signatur	e of is	suing	authority	,

### FORM No. 11 (See rule 14)

### **SUMMARY MONTHLY REPORT OF BIRTHS**

1:	Report for t	the Month of:	Year :	_1,
2.	District:			
3.	Town/ Villa	ge:		
4.	Registratio	n Unit:		
5.	Number of	Births Registered o	during the month:	
	Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)
6.	(a) Within 1 (b) More th (c) More th	an 21 days but with an 30 days but with ne year of their occu	of their occurrence: nin 30 days of their occurre nin one year of their occurr urrence:	
* (F	Total shoul orm No.1) attac	d be equal to the no hed with this month	umber of statistical part of aly report.	Birth Report Forms
Dat∈	e: aa-	mm - yyyy	S	ignature and Name of the Registrar

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:	

			Infants Deaths (Age less than one year)					Child Deaths (Age one year or more but				
Deaths & Maternal Deaths)							less than five years)				Deaths	
male	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total		
ì	ths & M	ths & Maternal Deaths) male Transgender	male Transgender Total*	ths & Maternal Deaths) male Transgender Total* Male	ths & Maternal Deaths   Transgender   Total*   Male   Female	ths & Maternal Deaths) male Transgender Total* Male Female Transgender	ths & Maternal Deaths) male Transgender Total* Male Female Transgender Total	ths & Maternal Deaths) male Transgender Total Male Female Transgender Total Male	ths & Maternal Deaths) less the male Transgender Total Male Female Transgender Total Male Female	ths & Maternal Deaths) less than five years) male Transgender Total* Male Female Transgender Total Male Female Transgender	ths & Maternal Deaths) less than five years) male Transgender Total* Male Female Transgender Total Male Female Transgender Total	

- 6. Time Gap in Death registration:
  - (a) Within Time limit (21 days) of their occurrence:

Details of Deaths Registered during the Month:

- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total\* (a + b + c + d):

Note: Infant and Child Deaths & 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 and Name of the Registrar

Date:

5.

d d + m m + y y y y
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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/ Villa	ge:		
4	Registration	n Unit:		
4	Number of Stil	l Births Registered	during the month:	
	Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)
5.	(a) Within T (b) More th (c) More th	an 30 days but with e year of their occu	in 30 days of their occurre in one year of their occurre	nce: ence:
* Fo	Total should rms (Form No.1	d be equal to the nu ) attached with this	imber of statistical part of s monthly report.	Still Birth Report
Date	: <u>a a - :</u>	.n m - y y y y	Si	gnature and Name of the Registrar

Submitted to the Chief Registrar/District Registrar

## Form No. 14 (See rule 9)

# Format of Self-attested document for <u>Delayed Reporting of BIRTH / DEATH</u> under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023) <u>DECLARATION</u>

l,resident of hereby declare that:	,son/daughter/wife	of do
deceased)  2. He / she was born / died or birth / death)	the delayed reporting of Birth / Death of son/daughter/spouse of	at (place of
at :	at birth /death by	who resides
4. The reason(s) for t	he delay in reporting of his / he	r birth /death are
	/ death certificate is required for	the purpose of
<b>DECLARATION:</b> ☐ I, declare that the above in Registrar and no birth / declare knowledge and belief.	tformation is true and I have not reported that the certificate has been issued in this respect	ne above event to any ct, to the best of my
		Name and Signature or mark of the informant
	Date DD -	MM-YYY

### Notes:

- 1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
- 2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
- 3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Subdistrict, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

# Form No. 15 (See rule 16 A) FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

State	District	Sub- District	Village/Town	Locality	RU ID	any offic	Name of r / Distt. Registrar of cer authorized to act tegistrar / District Registrar
			appeal with dathe occurrence,				'y)
	RAΠON: e fumishec	I true informa	ation to the be	st of my kr	nowledg	ge and be	elief.
						(Signatu	re of the appellan
				Date	[	DD-	NIM-YYY
	me details:	Addres	s Aac	ihaar no.	E	mail ld	Mobile No.
Votes:	Please ret	rin a come of t	his form for you	r own raca	rde		
	Appeal, if a	any, must be s	ubmitted to Dis	trict Regist	rar / Ch		rar within a period o h the person is bein
2	aggrieved.						_
3.	digits, mm written in January tw for recordi	is month in words it sho to thousand tw ng dates and i	two digits and uld be written venty three. Use other numerical	yyyy is yel in full e.g only 'Arab entries.	ar in fo 01-01-2 pic nume	ur digits 1 2023 shall rals' such	here dd is date in tw Wherever the date I be written as Fir as 0,1,2,3,4,5,6,7,8
4.	[last name name is m [middle na	] where full i andatory. The me] or [last n	name (not abbr ere should be n ame].	eviation) to ninimum tw	o be wri	itten in ca <sub>l</sub> acters in e	name] [middle name pital letters and fir ither [first name] c
<i>5</i> .	Sub-district	herever it occ t, Town or Vi ber and PIN (	llage, Ward nui	iin the nam mber (in co	e of Sta ase of to	te or Unio wn and if	n Territory, Distric available), Localit