



Government of Jammu & Kashmir
Planning, Development & Monitoring Department
Civil Secretariat, J&K, Jammu

Notification,

Jammu, the 20th of Feb, 2025

S.O. 46 In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969), the Government of Jammu and Kashmir with the approval of the Central Government, hereby make the following amendments in the Jammu and Kashmir Registration of Births and Deaths Rules, 2022 notified vide S.O 494 of 2022 dated: 10th of October, 2022, namely: -

1. In rule 5, after sub-rule (3), the following sub-rules (4), (5) and (6) shall be added; namely: -

"(4) 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) 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 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."

2. In rule 7: -

- in the marginal heading, for the word, figures and brackets "section 10(3)" the words, brackets and figures "**sub-sections (2) and (3) of section 10**" shall be substituted;
- after the words "**certificate as to the cause of death**", the words, **including the history of illness, if any,**" shall be inserted;
- for the words, brackets and figure "**sub-section (3)**", the words, brackets and figures "**sub-sections (2) and (3)**" shall be substituted;
- for the words, figures and letter "**Form No.4 or 4A**", the words, figures and letter "**Form No. 4 and 4A respectively**" shall be substituted.

3. In rule 8: -

- in the marginal heading, for the words "**Extracts of registration entries to be given**", the words "**Certificate of registration of births or deaths to be given**" shall be substituted;

(b) **in the sub-rule (1): -**

- (i) for the words "**extracts of particulars**", the words "**certificate of birth or death extracted**" shall be substituted;
- (ii) after the words "**given to an informant**", the words "**, electronically or otherwise,**" shall be inserted;

(c) **sub-rule (2)** shall be substituted by the following, 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 "**, electronically or otherwise,**" shall be inserted;
- (ii) for the word "**extracts**", the word "**certificate**" shall be substituted;
- (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, "**births and deaths referred to in clauses (b) to (e)**", the words, "**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;
- (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.

4. In rule 9 : -

- 
- (a) **in sub-rule (1)**, for the words "**rupee two**", the words "**twenty rupees**" shall be substituted;

- (b) **for sub-rules (2) and (3)**, shall be substituted by the following, 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 authorized 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.”.

5. In rule 12, after the words and figure “Forms No. 1”, the figure and letter “1A” shall be inserted.

6. In rule 13:-

(a) 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 follow”, the words and figures “issued under section 17, electronically or otherwise, shall be as follows” shall be substituted;
- (iii) for the figures “2.00”, wherever it occurs, the figures “20.00” shall be substituted respectively;

(iv) in clause (c), -

- (i) for the word “extract”, the word “certificate” shall be substituted;
- (ii) for the figures “5.00”, the figures “50.00” shall be substituted;

(b) 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;

(c) in sub-rule (4), for the word “extracts”, the word “certificate” shall be substituted.

7. In rule 16, sub-rule (2), shall be substituted by the following, 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.”

8. After rule 16, 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.”.

9. In rule 17, -

- (a) **in sub-rule (2)**, for the words and figures "court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar", the words, brackets and figures "permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 of the Act for delayed registration received by the Registrar" shall be substituted;
- (b) **in sub-rule (3)**, for the words, brackets and figure "sub-section (3)", the words, brackets and figures "sub-sections (2) and (3)" shall be substituted.

10. In the principal rules, for the Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted, namely: -

- Form 1 – Birth Report
- Form 1-A – Birth Report for Adopted Child
- Form 2 – Death Report
- Form 3 – Still Birth Report
- Form 4 – Medical Certificate of Cause of Death (For Hospital In-patients)
- Form 4A – Medical Certificate of Cause of Death (For Non-institutional deaths)
- Form 5 – Birth Certificate
- Form 6 – Death Certificate
- Form 7 – Birth Register (Legal Information)
- Form 8 – Death Register (Legal Information)
- Form 9 – Still Birth Register (Legal Information)
- Form 10 – Non-Availability Certificate
- Form 11 – Summary Monthly Report of Births
- Form 12 – Summary Monthly Report of Deaths
- Form 13 – Summary Monthly Report of Still Births
- Form 14 - Format of Self-attested document for Delayed Reporting of Birth/ Death
- Form 15 – Form for Appeal (To be submitted to District Registrar/Chief Registrar)

By order of the Lieutenant Governor.



(Talat Parvez Rohella), IAS

Secretary to Government,
Planning, Dev. & Monitoring Department

No: PDMD/

Dated: .02.2025

Copy to the: -

1. All Financial Commissioners (Additional Chief Secretaries).
2. Director General of Police, J&K.
3. Registrar General of India, Ministry of Home Affairs, Gol, New Delhi
4. All Principal Secretaries to the Government.
5. Principal Secretary to the Lieutenant Governor.
6. Principal Resident Commissioner, J&K Government, New Delhi.
7. All Commissioners/Secretaries to the Government.
8. Chief Electoral Officer, J&K.
9. Joint Secretary (J&K), Ministry of Home Affairs, Government of India.
10. Divisional Commissioner, Kashmir/Jammu.

11. Chairman, J&K Special Tribunal.
12. Director General, Economics and Statistics (Chief Registrar, Births and Deaths), J&K.
13. Director Census Operations J&K.
14. All Principal Medical Colleges.
15. All Heads of Departments/Managing Directors.
16. All Deputy Commissioners.
17. Secretary, J&K Public Service Commission/ BOPEE.
18. Commissioner, Municipal Corporation Srinagar/Jammu.
19. Director, Archives, Archaeology and Museums, J&K.
20. Secretary, J&K Service Selection Board/ All Advisory Boards.
21. Director, Estates, Jammu/ Kashmir.
22. General Manager, Government Press, Jammu/Srinagar.
23. Regional Director (Evaluation and Statistics) Jammu/ Kashmir.
24. Director (Central), Directorate of Economics and Statistics, J&K.
25. Chief Executive Officer, Cantonment Board, Srinagar/Jammu.
26. Private Secretary to Lieutenant Governor.
27. Private Secretary to Advisor (B) to Lieutenant Governor.
28. Private Secretary to the Chief Secretary.
29. Private Secretary to Secretary to the Government, GAD.
30. Deputy Director (HQ), Directorate of Health Services Jammu/Kashmir.
31. All Chief Medical Officers.
32. All District Statistical & Evaluation Officers.
33. In-charge Website, GAD/PD&MD.
34. Government Order file/Stock file.

D

FORM NO.1
(See rule 5)
BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth** :

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Child's Details** (If not named, leave blank) :-
 (a) Name, if any :
 (b) Aadhaar No. (if available):

4. **Father's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

5. **Mother's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

7. **Permanent address of 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:

8. **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: District:
 State or Union Territory: PIN Code:

9. **Informant's Details:**
 (a) 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:

DECLARATION:
 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 22, informant will put date and signature)

Date:
 Signature or left thumb mark of the informant

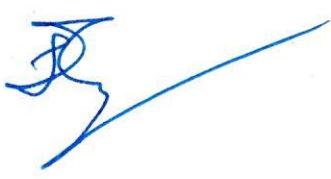
To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit :
 Town / Village:
 Sub-District
 District:
 Remarks (if any):

Name and Signature of the Registrar



FORM NO.1
(See rule 5)
BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

10. **Town or Village of Residence of the mother** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
 Town or Village: Sub-district:
 District: State or Union Territory:
 PIN Code:

11. **For Religion** [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
 (a) **Religion of Father:**
 (b) **Religion of Mother:**

12. **Father's level of education:**
 13. **Mother's level of education:**

14. **Father's Occupation:**
 15. **Mother's Occupation:**

16. **Age of the mother (in completed years) at the time of marriage** (If married more than once, age at first marriage is to be written):

17. **Age of the mother (in completed years) at the time of this birth :**

18. **Number of children born alive to the mother so far including this child** (Number of children born alive to include also those from earlier marriage(s), if any) :

19. **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

20. **Method of Delivery** (Tick the appropriate entry below):
 1. Natural
 2. Caesarean
 3. Forceps/Vacuum

21. **Birth Weight (in kgs.)** (if available) :

22. **Duration of pregnancy** (in weeks) :

To be detached and sent for statistical processing

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

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

To be filled by the Registrar

District
 Sub-District
 Town/Village:
 Registration Unit :
 Registration No. :
 Registration Date:
 Date of Birth :
 Sex : Male / Female / Transgender person
 Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1: 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, 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 | 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 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 child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules). | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6,7,8,9 | Address, wherever it occurs, 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Tick the appropriate entry for place of birth 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 birth took place. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12,13 | Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tbody> <tr> <td style="width: 20%;">1.Pre-Primary</td> <td style="width: 20%;">6.Class 5</td> <td style="width: 20%;">11.Class 10</td> <td style="width: 20%;">16. Bachelor Undergraduate /</td> <td style="width: 20%;">21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) | 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 | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
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| 5.Class 4 | 10.Class 9 | 15.Diploma Certificate | 20. Doctorate & above | | | | | | | | | | | | | | | | | | | | | | | |
| 14, 15 | 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 Birth Report Form is left blank to the extent possible.

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

| Item No. | Instructions | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|---------------------------|------------------------------|---------------------------------------|------------------------------|---------------------------------------|------------|------------|--------------|----------------|----------------|------------|------------|--------------|----------------------------|--|------------|------------|---------|------------|--|------------|-------------|---------------------------|-----------------------|--|
| 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 other numerical entries. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3,4,5,7,8,13 | 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]. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9,10,11,12,13 | Address, wherever it occurs, 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,16 | <p>Level of Education – Write one of following—</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">1. Pre-Primary</td> <td style="text-align: center;">6. Class 5</td> <td style="text-align: center;">11. Class 10</td> <td style="text-align: center;">16. Bachelor / Undergraduate</td> <td style="text-align: center;">21. Literate without formal education</td> </tr> <tr> <td style="text-align: center;">2. Class 1</td> <td style="text-align: center;">7. Class 6</td> <td style="text-align: center;">12. Class 11</td> <td style="text-align: center;">17. PG Diploma</td> <td style="text-align: center;">22. Illiterate</td> </tr> <tr> <td style="text-align: center;">3. Class 2</td> <td style="text-align: center;">8. Class 7</td> <td style="text-align: center;">13. Class 12</td> <td style="text-align: center;">18. Master / Post graduate</td> <td></td> </tr> <tr> <td style="text-align: center;">4. Class 3</td> <td style="text-align: center;">9. Class 8</td> <td style="text-align: center;">14. ITI</td> <td style="text-align: center;">19. M.Phil</td> <td></td> </tr> <tr> <td style="text-align: center;">5. Class 4</td> <td style="text-align: center;">10. Class 9</td> <td style="text-align: center;">15. Diploma / Certificate</td> <td style="text-align: center;">20. Doctorate & above</td> <td></td> </tr> </tbody> </table> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> | 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 | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
| 17,18 | <p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> 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 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.

Instructions for completing the Form 2: DEATH REPORT

| Item No. | Instructions |
|------------|---|
| 1 | Date, wherever it occurs, is to be provided in dd-mmm-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, Sub-district, 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 Eamer(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.

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, 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 | Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3,4,6 | 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]. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5,6 | Address, wherever it occurs, 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | For Place of birth 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 birth took place. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 16.6%;">1. Pre-Primary</td> <td style="width: 16.6%;">6. Class 5</td> <td style="width: 16.6%;">11. Class 10</td> <td style="width: 16.6%;">16. Bachelor Undergraduate</td> <td style="width: 16.6%;">21. Literate without formal education</td> </tr> <tr> <td>2. Class 1</td> <td>7. Class 6</td> <td>12. Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3. Class 2</td> <td>8. Class 7</td> <td>13. Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4. Class 3</td> <td>9. Class 8</td> <td>14. ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5. Class 4</td> <td>10. Class 9</td> <td>15. Diploma / Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) | 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 | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33.3%;">1. Bleeding (Haemorrhage)</td> <td style="width: 33.3%;">7. Diabetes in the mother</td> <td style="width: 33.3%;">13. Infection in the mother Parvovirus B19</td> </tr> <tr> <td>2. Problems with Placental</td> <td>8. Infection in the mother Coxsackie virus</td> <td>14. Infection in the mother Q fever</td> </tr> <tr> <td>3. Problem with umbilical cord</td> <td>9. Infection in the mother Herpes simplex</td> <td>15. Infection in the mother Rubella (German measles)</td> </tr> <tr> <td>4. Pre-eclampsia</td> <td>10. Infection in the mother Leptospirosis</td> <td>16. Infection in the mother Flu</td> </tr> <tr> <td>5. Genetic physical defect in the baby</td> <td>11. Infection in the mother Lyme disease</td> <td>17. Infection in the mother Toxoplasmosis</td> </tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestasis)</td> <td>12. Infection in the mother Malaria</td> <td>18. Not stated</td> </tr> </table> | 1. Bleeding (Haemorrhage) | 7. Diabetes in the mother | 13. Infection in the mother Parvovirus B19 | 2. Problems with Placental | 8. Infection in the mother Coxsackie virus | 14. Infection in the mother Q fever | 3. Problem with umbilical cord | 9. Infection in the mother Herpes simplex | 15. Infection in the mother Rubella (German measles) | 4. Pre-eclampsia | 10. Infection in the mother Leptospirosis | 16. Infection in the mother Flu | 5. Genetic physical defect in the baby | 11. Infection in the mother Lyme disease | 17. Infection in the mother Toxoplasmosis | 6. Liver disorder in the mother (obstetric cholestasis) | 12. Infection in the mother Malaria | 18. Not stated | | | | | | | |
| 1. Bleeding (Haemorrhage) | 7. Diabetes in the mother | 13. Infection in the mother Parvovirus B19 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Problems with Placental | 8. Infection in the mother Coxsackie virus | 14. Infection in the mother Q fever | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Problem with umbilical cord | 9. Infection in the mother Herpes simplex | 15. Infection in the mother Rubella (German measles) | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Pre-eclampsia | 10. Infection in the mother Leptospirosis | 16. Infection in the mother Flu | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Genetic physical defect in the baby | 11. Infection in the mother Lyme disease | 17. Infection in the mother Toxoplasmosis | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Liver disorder in the mother (obstetric cholestasis) | 12. Infection in the mother Malaria | 18. Not stated | | | | | | | | | | | | | | | | | | | | | | | | |

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

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 death, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

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

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

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

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

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

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

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

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

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

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

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

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))

I hereby certify that the deceased Shri/Smt./Kmi. Son /Wife/ Daughter of resident of was under my treatment from to and he/she died on at AM/PM

| NAME OF DECEASED | | | | Age at Death | For use of Statistical Office |
|--|---------------------------------|---|-------------------------------------|--|-------------------------------|
| Sex | If 1 year or more, age in years | If less than 1 year, age in month | If less than one month, age in days | | |
| 1. Male 2. Female 3. Transgender Person | | | | | |
| CAUSE OF DEATH | | | | Interval between onset and death approx. | |
| I Immediate cause State the disease, injury or complication which caused death, not the mode of dying, such as heart failure, asthma, etc. | | (a) due to (or as a consequences of) | | | |
| Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last | | (b) due to (or as a consequences of) | | | |
| II Other significant conditions contributing to the death but not related to the disease or condition causing it | | | | (c) | |

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

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

Date of verification :

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

SEE REVERSE FOR INSTRUCTIONS



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.

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

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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, diarrhoea, 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.





प्रपत्र- 5

Form-5

सं. No.

State
Govt.
Emblemसरकार
GOVERNMENT OFविभाग/ (प्रमाणपत्र जारी करने वाले स्थानीय निकाय का
नाम).....

DEPARTMENT OF / (Name of local body issuing certificate).

**जन्म प्रमाण-पत्र**
BIRTH 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)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

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

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

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of birth.....

माता का नाम/Name of Mother.....

माता का आधार नं. /Aadhaar No. of Mother:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

पिता का नाम/Name of Father

पिता का आधार नं. /Aadhaar No. of Father:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

बच्चे के जन्म के समय माता पिता का पता /

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

माता पिता का स्थायी पता/

Permanent address of parents:

.....

.....

.....

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

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

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



प्रपत्र- 6
Form-6

सं. No.

State
Govt.
Emblem

..... सरकार
GOVERNMENT OF

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



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)..... Registration of Births and Deaths (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)

..... उप-जिला

जिला राज्य के रजिस्टर में उल्लिखित है।
This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) of Sub-district of District of State/Union territory

नाम/Name:
मृतक का आधार नं. /Aadhaar No. of deceased:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

लिंग/Sex:

मृत्यु की तिथि/Date of Death:

मृत्यु का स्थान/Place of Death:

माता का नाम/Name of Mother:

माता का आधार नं. /Aadhaar No. of Mother:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

पिता का नाम/Name of Father:

पिता का आधार नं. /Aadhaar No. of Father:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

पति/पत्नी का आधार नं. /Aadhaar No. of Husband / Wife:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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.7
(See rule 12)
BIRTH REGISTER
Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:**

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Child's Details** (If not named, leave blank) :-

(a) Name, if any:

(b) Aadhaar No. (if available):

4. **Father's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

5. **Mother's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

7. **Permanent address of 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:

8. **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: _____ District: _____
 State or Union Territory: _____ PIN Code:

9. **Informant's Details:**

(a) 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:

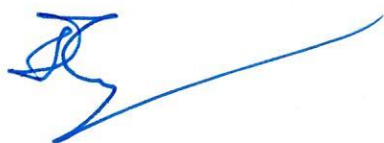
DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
(After completing all columns 1 to 23, informant will put date and signature)

Date: Signature or
 left thumb mark of the informant

To be filled by the Registrar

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

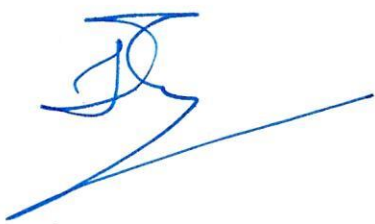
Name and Signature of the Registrar



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

This part to be added to the Still Birth Register

| | |
|---|--|
| <i>To be filled by the informant</i> | |
| 1. | Date of Birth : <input type="text"/> |
| 2. | Sex (Enter "Male" or "Female" or "Transgender person") : |
| 3. | Father's Details:- |
| (a) | Name: <input type="text"/> |
| (b) | Aadhaar No. (if available): <input type="text"/> |
| (c) | Mobile No: <input type="text"/> |
| (d) | Email Id: <input type="text"/> |
| 4. | Mother's Details:- |
| (a) | Name: <input type="text"/> |
| (b) | Aadhaar No. (if available): <input type="text"/> |
| (c) | Mobile No: <input type="text"/> |
| (d) | Email Id: <input type="text"/> |
| 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: District: |
| | State or Union Territory: PIN Code: <input type="text"/> |
| 6. | Informant's Details: |
| (a) | Name: <input type="text"/> |
| (b) | Aadhaar No. (if available): <input type="text"/> |
| (c) | Mobile No: <input type="text"/> |
| (d) | Email Id: <input type="text"/> |
| (e) | Address : House No: Ward number (in case of town and if available): |
| | Locality: Town or Village: Sub-district: District: |
| | State or Union Territory: PIN Code: <input type="text"/> |
| DECLARATION: | |
| <input type="checkbox"/> 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. | |
| <i>(After completing all columns 1 to 12, informant will put date and signature)</i> | |
| Date: <input type="text"/> | Signature or left thumb mark of the informant |
| <i>To be filled by the Registrar</i> | |
| Registration No. : <input type="text"/> | |
| Registration Date: <input type="text"/> | |
| Registration Unit : <input type="text"/> | |
| Town / Village: <input type="text"/> | |
| Sub-District: <input type="text"/> | |
| District: <input type="text"/> | |
| Remarks (if any): <input type="text"/> | |
| Name and Signature of the Registrar | |



FORM No. 11(See rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the Month of: _____ Year: _____
2. District:
3. Town/ Village:
4. Registration Unit:
5. Number of Births Registered during the month:

| Male (1) | Female (2) | Transgender Person (3) | Total* (1+2+3) |
|-------------|---------------|---------------------------|-------------------|
| | | | |

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

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

Signature and Name
of the Registrar

Date :

| | | | | | | | | | |
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Submitted to the Chief Registrar/District Registrar



FORM No. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

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

| Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths) | | | | Infants Deaths (Age less than one year) | | | | Child Deaths (Age one year or more but less than five years) | | | | Maternal Deaths | |
|---|--------|--------------------|--------|---|--------|--------------------|-------|--|--------|--------------------|-------|-----------------|--|
| Male | Female | Transgender Person | Total* | Male | Female | Transgender Person | Total | Male | Female | Transgender Person | Total | | |
| | | | | | | | | | | | | | |

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

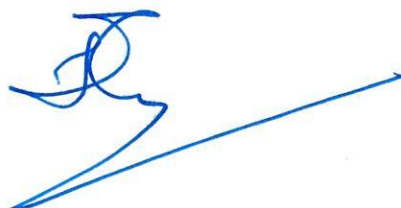
* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature and Name
of the Registrar

Date :

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Submitted to the Chief Registrar/District Registrar



SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Report for the Month of: _____ Year: _____
2. District:
3. Town/ Village:
4. Registration Unit:
4. Number of Still Births Registered during the month:

| Male (1) | Female (2) | Transgender Person (3) | Total* (1+2+3) |
|-------------|---------------|---------------------------|-------------------|
| | | | |

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

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

Signature and Name
of the Registrar

Date :

| | | | | | | | | | |
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Submitted to the Chief Registrar/District Registrar



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))

1. Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act as Registrar / District Registrar (details of office to be provided as below)

| State | District | Sub-District | Village/Town | Locality | RU ID | Name of Registrar / Distt. Registrar or any officer authorized to act as Registrar / District Registrar |
|-------|----------|--------------|--------------|----------|-------|---|
| | | | | | | |

2. Account of Event Leading to appeal with date and order no. etc.

(Provide a detailed account of the occurrence, use attachments, if necessary)

DECLARATION:

I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date

Appellant details:

| Name | Address | Aadhaar no. | Email Id | Mobile No. |
|------|---------|-------------|----------|------------|
| | | | | |

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
3. 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.
4. 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].
5. Address, wherever it occurs, 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."

By order of the Governor

(
Secretary to the Government of

