

## Legal information

*This part to be added to the Birth Register*

# BIRTH REPORT

### Statistical information

*This part to be detached and sent for statistical processing*

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

**FORM NO. 1**  
(See Rule 5)

<p><i>To be filled by the informant</i></p> <p>1. <b>Date of Birth :</b> (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. <b>Sex :</b> (Enter "Male, " Female" or Transgender) do not use abbreviation)</p> <p>3. <b>Name of the child, if any :</b> (If not named, leave blank)</p> <p>4. <b>Name of the father :</b> (Full name as usually written) UID No of Father (if any)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table> <p>5. <b>Name of the mother :</b> (Full name as usually written) UID No of Mother (if any)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table> <p>6. Address of parents at the time of Birth of the Child</p> <p>7. Permanent address of parents:</p> <p>8. <b>Place of birth :</b> (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)</p> <p>1.Hospital/ Institution      <b>Name :</b></p> <p>2.House      <b>Address :</b></p> <p>9. <b>Informant's name :</b></p> <p><b>Address :</b></p> <p><i>(After completing all columns 1 to 22, informant will put date and signature here :)</i></p>																							<p><i>To be filled by the informant</i></p> <p>10. <b>Town or Village of Residence of the mother:</b> (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)</p> <p>a) <b>Name of Town/Village :</b></p> <p>b) <b>Is it a town or village :</b> (Tick the appropriate entry below)</p> <p>1. Town      2. Village</p> <p>c) <b>Name of District :</b></p> <p>d) <b>Name of State :</b></p> <p>11. <b>Religion of the Family :</b> (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3.Christian</p> <p>4. <b>Any other religion :</b>(write name of the religion)</p> <p>12. <b>Father's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>13. <b>Mother's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>14. <b>Father's occupation :</b> (If no occupation write 'Nil')</p> <p>15. <b>Mother's occupation :</b> (If no occupation write 'Nil')</p>			<p><i>To be filled by the informant</i></p> <p>16. <b>Age of the mother (in completed years) at the time of marriage :</b> (If married more than once, age at first marriage may be entered)</p> <p>17. <b>Age of the mother (in completed years) at the time of this birth :</b></p> <p>18. <b>Number of children born alive to the mother so far including this child :</b> (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. <b>Type of attention at delivery :</b> (Tick the appropriate entry below)</p> <p>1. Institutional – Government</p> <p>2. Institutional– Private or Non-Government</p> <p>3. Doctor, Nurse or Trained midwife</p> <p>4. Traditional Birth Attendant</p> <p>5. Relatives or others</p> <p>20. <b>Method of Delivery :</b> (Tick the appropriate entry below)</p> <p>1. Natural</p> <p>2. Caesarean</p> <p>3. Forceps/Vacuum</p> <p>21. <b>Birth Weight (in kgs.)</b> (if available) :</p> <p>22. <b>Duration of pregnancy</b> (in weeks) :</p>		
<p><b>Date:</b>      <b>Signature or left thumb mark of the informant:</b></p>			<p>(Columns to be filled are over. Now put signature at left)</p>																									
<p><i>To be filled by the Registrar</i></p>			<p><i>To be filled by the Registrar</i></p>																									
<p>Registration No. :      Registration Date :</p> <p>Registration Unit :      District :</p> <p>Town/Village :      District :</p> <p>Remarks : (if any)</p>			<p>Name      Code No.      Registration No. :      Registration Date :</p> <p>District :      Date of Birth :</p> <p>Tahsil :      Sex : 1.Male 2.Female</p> <p>Town/Village :      Place of Birth : 1.Hospital/Institution 2.House</p> <p>Registration Unit :</p>																									
<p>Name and Signature of the Registrar:</p>			<p>Name and Signature of the Registrar:</p>																									

## Legal information

*This part to be added to the Death Register*

## Statistical information

*This part to be detached and sent for statistical processing*

<p><i>To be filled by the informant</i></p> <p>1. <b>Date of Death :</b> (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. <b>Name of the Deceased :</b> (Full name as usually written)</p> <p>UID No of deceased (if any)  <div style="border: 1px solid black; width: 100%; height: 15px;"></div> </p> <p>3. <b>Sex of the deceased :</b> (Enter "Male, or " Female" or "Transgender") do not use abbreviation)</p> <p>4. <b>Name of Mother:</b> UID No of Mother (if any)  <div style="border: 1px solid black; width: 100%; height: 15px;"></div> </p> <p>5. <b>Name of Father</b> UID No of Father(if any)  <div style="border: 1px solid black; width: 100%; height: 15px;"></div> </p> <p>5a. <b>Name of husband/wife</b> UID No of husband/wife (if any)  <div style="border: 1px solid black; width: 100%; height: 15px;"></div> </p> <p>5b. <b>Age of husband/wife:</b>  <div style="border: 1px solid black; width: 100%; height: 15px;"></div> </p> <p>5c. <b>Contact details of husband/wife:</b></p> <p>6. <b>Age of the deceased:</b> (if the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)</p> <p>7. Address of the deceased at the time of death:</p> <p>8. Permanent address of the deceased:</p> <p>9. <b>Place of death:</b> (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)</p> <p>1. Hospital/ Institution      <b>Name :</b></p> <p>2. House      <b>Address :</b></p> <p>3. Other Place</p>	To be detached and sent statistical processing	<p><i>To be filled by the informant</i></p> <p>11. <b>Town or Village of Residence of the deceased:</b> (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)</p> <p>a) <b>Name of Town/Village :</b></p> <p>b) <b>Is it a town or village :</b> (Tick the appropriate entry below)                  1. Town      2. Village             </p> <p>c) <b>Name of District :</b></p> <p>d) <b>Name of State :</b></p> <p>12. <b>Religion :</b> (Tick the appropriate entry below)                  1. Hindu 2. Muslim 3. Christian             </p> <p>4. <b>Any other religion:</b> (write the name of the religion)</p> <p>13. <b>Occupation of the deceased:</b> (If no occupation write 'Nil')</p> <p>14. <b>Type of medical attention received before death:</b> (Tick the appropriate entry below)</p> <p>1. <b>Institutional</b></p> <p>2. <b>Medical attention other than institution</b></p> <p>3. <b>No medical attention</b></p>	<p><i>To be filled by the informant</i></p> <p>15. <b>Was the cause of death medically certified?:</b> (Tick the appropriate entry below)                  1. Yes      2. No             </p> <p>16. <b>Name of Disease or Actual Cause of Death :</b> (For all deaths irrespective of whether medically certified or not)</p> <p>17. <b>In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy:</b> (Tick the appropriate entry below)                  1. Yes      2. No             </p> <p>18. <b>If used to habitually smoke - for how many years?</b></p> <p>19. <b>If used to habitually chew tobacco in any form - for how many years?</b></p> <p>20. <b>If used to habitually chew arecanut in any form (including pan masala) - for how many years?</b></p> <p>21. <b>If used to habitually drink alcohol - for how many years?</b></p>
<p>10. <b>Informant's name :</b> UID No of Informant (if any)  <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <b>Address :</b></p> <p><i>(After completing all columns 1 to 21, informant will put date and signature here:)</i></p> <p><b>Declaration:</b>  <input type="checkbox"/> </p> <p><b>To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.</b></p>			
<p><b>Date :</b>      <b>Signature or left thumb mark of the informant</b></p>		<p><i>(Columns to be filled are over. Now put signature at left)</i></p>	
<p style="text-align: center;"><i>To be filled by the Registrar</i></p>			
Registration No. : Registration Unit : Town/Village : Remarks : (if any)	Registration Date : District : Tahsil : Town/Village : Registration Unit :	Name Code No.	<p style="text-align: center;"><i>To be filled by the Registrar</i></p> Registration No. :      Registration Date : Date of Death :      Sex : 1. Male 2. Female Age :      Years/months/days/hours Place of Death : 1. Hospital/Institution 2. House 3. Other Place Name and Signature of the Registrar

## Legal information

This part to be added to the Birth Register

To be filled by the informant	
1*.	<b>Date of Birth</b> (If known, write exact date of birth) (Otherwise record the date of birth as ascertained by the Magistrate)
2*.	<b>Sex:</b> (Enter "male" or "female"; do not use abbreviation)
3.	<b>Name of the child :</b> (If name is changed on adoption, write new name)
4*.	<b>Name of the mother :</b> ( If Known) UID No of mother (if any)
5*.	<b>Name of the father :</b> (If Known) UID No of father (if any)
6.	<b>Date and number of adoption deed/ order</b>
7.	<b>Name of the adoptive mother :</b> UID No of adoptive mother (if any)
8.	<b>Name of the adoptive father:</b> UID No of adoptive father (if any)
9.	<b>Address of adoptive parents as recorded in Adoption deed.</b>
10.	<b>Permanent address</b> of adoptive parents:
11*.	<b>Place of birth</b>
12	<b>If adoption through agency</b> write the place & address Of the Adoption agency.
13.	<b>Informant's name and address :</b> (After completing all columns 1 to 18 informant will put date and signature here :) <b>*As contained in the original birth certificate.</b> Date: Signature or left thumb Mark of the informant.
To be filled by the Registrar	
Registration No. :	Registration Date :
Registration Unit :	
Town/Village :	District :
<b>Remarks : (if any)</b>	
Name and Signature of the Registrar	

## Statistical information

This part to be detached and sent for statistical processing

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

To be filled by the informant	
14.	<b>Religion of the adoptive Father :</b> (Tick the appropriate entry below) 1.Hindu 2. Muslim 3.Christian
15.	<b>Adoptive father's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
16.	<b>Adoptive mother's level of education :</b> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
17.	<b>Adoptive father's occupation :</b> (If no occupation write 'Nil')
18.	<b>Adoptive mother's occupation :</b> (If no occupation write 'Nil')
Columns to be filled are over. Now put signature at left)	
To be filled by the Registrar	
Name	Code No.
District :	Registration No. :
Tahsil :	Date of Birth :
Town/Village :	Sex : 1.Male 2.Female
Registration Unit :	Place of Birth :
Name and Signature of the Registrar	

**FORM NO. 4A**

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(For non-institutional deaths. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

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

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

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

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

Date of verification .....

SEE REVERSE FOR INSTRUCTIONS

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

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

R/O ..... was under my treatment from .....

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

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