

This part to be added to the Birth Register

This part to be detached and sent for statistical processing

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

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

FORM NO. 1
(See Rule 5)

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. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. Name of the Deceased : (Full name as usually written)</p> <p>UID No of deceased (if any) <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> </tr> </table> </p> <p>3. Sex of the deceased : (Enter "Male, or " Female") do not use abbreviation)</p> <p>4. Name of Mother: UID No of Mother (if any) <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> </tr> </table> </p> <p>5. Name of Father UID No of Father(if any) <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> </tr> </table> </p> <p>5a. Name of husband/wife UID No of husband/wife (if any) <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> <td style="width:25px;"> </td> </tr> </table> </p> <p>6. Age of the deceased: (if the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)</p> <p>7. Address of the deceased at the time of death:</p> <p>8. Permanent address of the deceased:</p> <p>9. Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)</p> <p>1.Hospital/ Institution Name & Address :</p> <p>2.House Address :</p> <p>3.Others:</p> <p>10. Informant's name : Address :</p> <p>(After completing all columns 1 to 21, informant will put date and signature here.)</p> <p>Date : _____ Signature or left thumb mark of the informant</p>																																																																																																				<p><i>To be filled by the informant</i></p> <p>11. Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village :(Tick the appropriate entry below) 1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>12. Religion : (Tick the appropriate entry below) 1.Hindu 2. Muslim 3.Christian</p> <p>4. Any other religion: (write the name of the religion)</p> <p>13. Occupation of the deceased : (If no occupation write 'Nil')</p> <p>14. Type of medical attention received before death: (Tick the appropriate entry below)</p> <p>1. Institutional</p> <p>2. Medical attention other than institution</p> <p>3. No medical attention</p>	<p><i>To be filled by the informant</i></p> <p>15. Was the cause of death medically certified?: (Tick the appropriate entry below) 1.Yes 2. No</p> <p>16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)</p> <p>17. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below) 1.Yes 2. No</p> <p>18. If used to habitually smoke - for how many years?</p> <p>19. If used to habitually chew tobacco in any form - for how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?</p> <p>21. If used to habitually drink alcohol - for how many years?</p> <p>(Columns to be filled are over. Now put signature at left)</p>
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____ District : _____</p> <p>Remarks : (if any) _____</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p style="text-align: center;">Name</p> <p>District : _____</p> <p>Tahsil : _____</p> <p>Town/Village : _____</p> <p>Registration Unit : _____</p>	<p style="text-align: center;">To be filled by the Registrar</p> <p>Code No. : _____ Registration No. : _____ Registration Date : _____</p> <p>Date of Death : _____ Sex : 1.Male 2.Female</p> <p>Age : _____ Years/months/days/hours</p> <p>Place of Death: 1.Hospital/Institution 2.House 3. Other Place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>																																																																																																			

To be detached and sent for statistical processing

DEATH REPORT FORM
(See Rule 5)

FORM NO.1-A BIRTH REPORT FOR ADOPTED CHILD

Legal information

This part to be added to the Birth Register

To be filled by the informant

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

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

3. **Name of the child :**
(If name is changed on adoption, write new name)
UID No of Child (if any)

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

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

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

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

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

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

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

11*. **Place of birth**

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

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

Date Signature or left thumb mark of the informant

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

BIRTH REPORT FOR ADOPTED CHILD

Statistical information

This part to be detached and sent for statistical processing

To be filled by the informant

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

15. **Adoptive father's level of education :**
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)

16. **Adoptive mother's level of education :**
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)

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

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

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

<i>To be filled by the Registrar</i>					<i>To be filled by the Registrar</i>					
Registration No. :	Registration Unit :	Town/Village :	Registration Date :		District :	Tahsil :	Town/Village :	Registration Unit :		
Remarks : (if any)										
Name and Signature of the Registrar					Name and Signature of the Registrar					

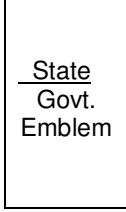
**FORM NO. 1-A
(See rule 5)**



सं.No.

For

m-5



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



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा..... जन्म मृत्यु रजिस्ट्रीकरण नियम,
 (राज्य का नाम)

.....के नियम 8/13 के अंतर्गत जारी किया गया)

(संशोधित नियम को अधिसूचित किए जाने का वर्ष)

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the
 Registration of Births and Deaths Rules.....)

(Name of State)

(Year of notifying the revised rules)

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

.....तहसील

जिलाराज्य के रजिस्टर में उल्लिखित है ।

This is to certify that the following information has been taken from the original record of birth
 which is the register for (local area/local body) of
 tahsil / block of Districtof State/Union territory

नाम/Name:

लिंग/Sex.....

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of birth.....

माता का नाम/Name of Mother.....

माता का यूआईडी नं. /UID No of Mother

पिता का नाम/Name of Father

पिता का यूआईडी नं./UID No of Father

बच्चे के जन्म के समय माता पिता का पता

माता पिता का स्थायी पता/

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

Permanent address of parents:

.....

.....

.....

.....

.....

.....

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

टिप्पणी/Remarks (if any).....

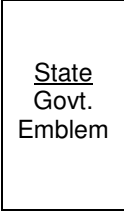
जारी करने की तिथि/Date of issue:.....प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal



सं.No.



..... सरकार
GOVERNMENT OF.....
.....विभाग/.....
(प्रमाण पत्र जारी करने वाले स्थानीय निकाय कानाम)
DEPARTMENT OF...../.....
(Name of local body issuing certificate)



मृत्यु प्रमाण पत्र
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 कीधारा 12/17 तथा.....जन्म मृत्यु रजिस्ट्रीकरण नियम,
(राज्य कानाम)
.....के नियम 8/13 के अंतर्गत जारी किया गया)
(संशोधित नियम को अधिसूचित किए जाने का वर्ष)
(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the
..... Registration of Births and Deaths Rules.....
(Name of State) (Year of notifying the revised rules)

यह प्रमाणित किया जाता है निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
..... तहसील
जिलाराज्य के रजिस्टर में उल्लिखित है ।
This is to certify that the following information has been taken from the original record of death
which is the register for (local area/local body)of tahsil
/blockof District of State/Union territory
.....

नाम/Name:
मृतक का यूआईडी न UID No of deceased.....
लिंग/Sex.....
मृत्यु की तिथि/Date of Death.....
मृत्यु का स्थान/Place of Death.....
माता का नाम/Name of Mother.....
माता का यूआईडी न०/UID No of Mother.....
पिता कानाम/Name of Father.....
पिता का यूआईडी न०/UID No of Father.....
पति/पत्नी का नाम/Name of Husband / Wife.....
पति/पत्नी का यूआईडी न०/UID No of Husband / Wife.....

मृतक का मृत्यु के समय का पता
Address of the deceased at the time of death:
.....
.....
.....
मृतक का स्थायी पता/
Permanent address of the deceased:
.....
.....
.....

पंजीकरणसंख्या/Registration No :.....पंजीकरण दिनांक/Date of Registration.....
टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....प्राधिकारी के हस्ताक्षर/Signature of the issuing authority
प्राधिकारी का पता/ Address of the issuing authority
मोहर/Seal

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