THE TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS RULES 2000

(As Amended upto 20.08.2019)

Government of Tamil Nadu

THE TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS RULES 2000 ARRANGEMENTS OF RULES

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(Published in Tamil Nadu Government Gazette Extraordinary No.976
Part III, Section 1(a)
dated 29.12.1999, Page No.1 to 6)

NOTIFICATIONS BY GOVERNMENT

HEALTH AND FAMILYWELFAREDEPARTMENT

TAMIL NADU REGISTRATION OF BIRTHS AND DEATHS RULES, 2000

(G.O.Ms.No. 528, Health and Family Welfare (AB-2),29thDecember 1999)

No.SRO A-95(a)/99

Inexerciseofthepowersconferredby section30oftheRegistration ofBirthsand Deaths Act,1969(Central Act18of1969)andinthesuppression oftheTamilNaduBirths andDeathsRegistrationRules,1977,theGovernor ofTamilNaduwiththeapprovalofthe Central Government hereby makes the following rules, namely:

1.Shorttitle,extentandcommencement:(1)TheserulesmaybecalledtheTamilNadu Registration of Births and Deaths Rules, 2000.

(2) These rules shall extend to the whole of the State of Tamil Nadu.

(3) They shall come into force on the 1stJanuary 2000.

2. Definitions:- In these rules, unless the context otherwise requires:

(a) "Act" means the Registration of Births and Deaths Act, 1969 (CentralAct 18 of 1969)

(b)"Form" means a Form appended to these rules,

(c) "Government" means the State Government,

(d) "Section" means a section of the Act.

(e) "Register" means Register ofBirths and Deaths.

3.PeriodofGestation: Theperiodofgestationforthepurposesofclause(g)of sub-section(1) of section 2 shall be twenty-eight weeks.

4.Submission of reportunder sub-section (4) of section4:– [1] [The reportunder sub-section (4) shall be prepared in theprescribed formatappended to these Rules and shall be submitted along with the statistical report referred to in sub-section (2) of section 19, to the State Government by the Chief Registrar for every year by the 31stJuly of the year following the year to which the report relates].

5.FormforgivingInformation ofbirthsanddeaths:(1) Theinformationrequiredtobe giventotheRegistrarundersection8orsection9,asthecasemay be,shallbein[2][***Forms Nos.1, [1A][3],2 and 3]***[2] for theRegistration ofa birth, adoption of child, deathandstillbirth respectively,hereinaftertobecollectivelycalledthereportingforms. Information,ifgiven orally shallbeenteredbythe Registrarintheappropriatereportingformandthesignatureor thumb impression of the informant obtained.

(2)Thepartofthereportingformcontaininglegalinformationshallbecalledas"Legal Part" and the part containing statistical information shall be called as "Statistical Part".

(3)Theinformationreferredtoinsub-rule(1)shallbegivenwithintwentyonedaysfrom the date of birth, death or still birth.

Form 16”

2. The expression were substituted for the expression “Form 2, 3 and 4”**vide *G*.O.Ms.No.85 Health &Family Welfare (AB2)Department, dt.29.04.2003**

3. The expression “Form 1A” included.

vide *G*.O.Ms.No.226 Health &Family Welfare (AB2)Department, dt.06.08.2015.

6)BirthorDeathinavehicle:(1)Inrespectofabirthordeathinamovingvehicle,the personin-chargeofthevehicleshallgiveorcausetobegiventheinformation under sub- section (1) of Section 8 at the first place ofhalt.

Explanation :Forthepurpose ofthisrule,theterm“Vehicle”meansconveyanceofany kind usedonland,airorwaterandincludesanaircraft,boat,ship,railwaycarriage,motor-car, motor – cycle, cart, tonga and rickshaw.

(2)In the case of deaths (not falling under clauses (a) to(e) of sub-section (1) of section 8) inwhichaninquestisheld,theofficerwhoconductstheinquestshallgiveorcausetobe given the information under sub-section (1) of section 8.

7.Notificationand FormofCertificate undersection10:(1) Thecertificateastothecause ofdeathrequiredundersub-section(3)ofsection10shallbeissuedin[1][FormNo.4or4A] andtheRegistrarshall,aftermakingnecessaryentriesintheRegisterofBirthsand deaths, forwardallsuchcertificatestotheChiefRegistrarortheOfficerspecifiedbyhim inthis behalf bythe10thof themonthimmediatelyfollowingthemonthtowhichthe certificate relates

(2) Any personwhoperformsthefuneralceremoniesofapersondying inalocalareawithin thejurisdictionofamunicipality,panchayatorotherlocalauthority oranyotherarea,shall wheneverrequiredfurnishtotheRegistrarsuchinformationashepossessesregardingthe particulars required for registration.

8. Extracts of registration entries to be given under section 12: (1) The extracts of particulars from the register relating tobirths or deaths tobe given toaninformant under section 12 shall be in[2]

Form No.5 or Form No. 6]as the case may be.

(2)Inthecaseofdomiciliaryeventsofbirthsanddeathsreferredtoinclause(a)of sub-section(1)ofsection8,whicharereporteddirecttotheRegistrar ofBirthsandDeaths, the headofthehouseorhouseholdasthecasemaybe,orinhisabsence,thenearestrelative oftheheadpresentinthehousemay collecttheextractsofbirthordeathfromtheRegistrar within 30 days of its reporting.

(3)Inthecaseofdomiciliaryeventsofbirthsanddeathsreferred toinclause(a)of sub-section(1)ofsection8whicharereportedbypersonsspecifiedbytheState Government undersub-section(2)ofthesaidsection,thepersonsospecifiedshalltransmit the extracts receivedfromtheRegistrar ofBirthsandDeathstotheconcernedheadof house,or household,asthecasemaybe,orinhisabsencethenearestrelativeofthehead present in the house within thirty days of its issue by the Registrar.

1. These expressions were substituted for the expressions “5 or 5A”.

2. These expressions were substituted for the expressions “6 or 7”**vide** ***G*.O.Ms.No.85 Health &Family Welfare (AB2)Department, dt.29.04.2003**

(4) In the case of institutional events of births and deaths referred to inclauses (b) and (e) of sub-section(1)ofsection8,thenearestrelativeofthenewbornordeceasedmaycollectthe extractfromtheofficerorpersonin-chargeoftheinstitutionconcernedwithinthirty daysof the occurrence of the event of birth or death.

(5)Iftheextractofbirthordeathisnotcollectedby theconcernedpersonasreferredtoin sub-rules(2)to(4)withintheperiodstipulatedtherein,theRegistrarortheofficerorperson in-chargeoftheconcernedinstitutionasreferredtoinsub-rule(4)shalltransmitthesameto the concerned family by post within fifteen days of the expiry of the aforesaid period.

9.*Authority fordelayedregistration andfee payable thereof under section13:* (1) Any birth ordeathofwhichinformation isgiventotheRegistrar aftertheexpiry oftheperiod specified inrule5,butwithin30daysofitsoccurrenceshallberegisteredonpaymentofa late feeof 1[rupees one hundred]

(2)Any birthordeathofwhichinformationisgiventotheRegistrarafterthirtydaysbut within oneyear ofitsoccurrence, shallinthecase of thelocalauthoritiesspecified incolumn (1) ofthe Tablebelow, be registered only withthe writtenpermission of the officers specified inthecorrespondingentriesincolumn(2)thereof,onpaymentofalatefeeof2[rupeestwo hundred].

TABLE

Local Authorities (1)	**Officers (2)**
Village Panchayat	Village Panchayat President
Town Panchayat	Executive Officer
Cantonment	-Do-
Municipality	Commissioner
Corporation	-Do-
Neyveli Lignite Corporation	Chief Health Officer

(3)4[Any birthordeathwhichhasnotbeenregisteredwithinoneyearofitsoccurrence shall beregisteredby an order of theExecutive Magistrate not below the rank of a Revenue Divisional Officer] and on payment of late fee of3[rupees Five hundred].

(4) Any personaggrievedbyanyordermadeundersub-rule2,bytheofficersspecifiedin column(1)oftheTablebelowmay,withinonemonthfromthedateofreceiptofsuchorder, preferanappealagainstsuchordertotheauthoritiesspecifiedinthecorresponding entriesin column (2) thereof.

1. These words were substituted for the words “rupees Two”
2. These words were substituted for the words “rupees Five”
3. These words were substituted for the words “rupees Ten”
4. These words were substituted for the words

Any birthordeathwhich hasnotbeenregistered within yearofitsoccurrence shall beregisteredby an order of the “Judicial Magistrate or a Metropolitan Magistrate ”

***vide G*.O.Ms.No.360Health&FamilyWelfare (AB2) Department, dated.12.10.2017**

TABLE

Local Authorities	**Officers (2)**
Village Panchayat President	Revenue Divisional Officer
Executive Officer	
RevenueDivisional Officer	District Collector
Executive Officer, Cantonment	-Do-
Commissioner of Municipality	-Do-
District Collector	Chief Registrarof Births and Deaths
Commissioner of Corporation	
Chief Registrar of Births and Deaths	Government

Providedthattheappellateauthoritymayinitsdiscretionallowfurthertimenot exceeding onemonthforpreferringanysuchappealifitissatisfiedthattheappellanthas sufficient cause for not preferring the appeal in time.

10. PeriodforthepurposeofSection14:(1) Wherethebirthofanychildhadbeen registeredwithoutaname,theparentorguardianofsuchchildshall,within12monthsfrom thedateofregistrationofthebirthofchild,giveinformationregarding thenameofthechild to the Registrar either orally or in writing.

Providedthatiftheinformationisgivenaftertheaforesaidperiodof12monthsbut within a period of 15 years which shall be reckoned:

(i) incase where the registration had been made prior tothe date ofcommencement of the Tamil Nadu Registration of Births and Deaths Rules, 2000 from such date, or

(ii)incasewheretheregistrationismadeafterthedateofcommencementofthe Tamil NaduRegistrationofBirthsandDeathsRules,2000fromthedateofsuch registration, subject to provisions of sub – section (4) of section 23.

1 [“Provided further that in cases, where the registration had been made prior to the date of commencement of the Tamil Nadu Registration of Births andDeaths Rules, 2000 and the information regarding the name of the child is not given within the time-limit specified in the first proviso, for the purpose of taking action as laid down therein, the parent or guardian of the child shall give the information regarding the name of the child to the Registrar within a further period of five years.”]

1. This proviso was added vide G.O.(Ms.) No.252 Health and Family Welfare(AB2) Department, dt **18.10.2016.**

the Registrar shall:

(a)iftheregisterisinhispossessionforthwithenterthenameintherelevant columnoftheconcernedforminthebirthregisteronpaymentofalatefeeof 1[rupeestwo hundred]

b)Iftheregisteris notinhispossessionandiftheinformationisgivenorally, makea reportgivingnecessaryparticulars,and,iftheinformationisgiveninwriting,forwardthe sameinthecaseofthelocalauthoritiesspecifiedincolumn(1)oftheTablebelowtothe officersspecifiedinthecorrespondingentriesincolumn(2)thereofformakingnecessary entry on payment of a late fee of2[rupees two hundred]

TABLE

Local Authorities (1)	**Officers (2)**
Village Panchayat	Village Panchayat President
Town Panchayat	Executive Officer
Contonment	-Do-
Municipality	Commissioner
Neyveli Lignite Corporation	Chief Health Officer
Corporation	Commissioner

(2)The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the extractgiven tohim under section 12 or acertifiedextractissued to him under section 17andonsuchpresentationtheRegistrarshallmakethenecessaryendorsementrelatingto the name of the child or take action as laid down in clause (b) of the3[first proviso] to sub-rule (1)

1. These words were substituted for the words “rupees five”2. These words were substituted for the words “rupees five”vide G.O.Ms.No.360Health&FamilyWelfare (AB2) Department, dated.12.10.2017.

3. This expression was substituted for the expression “Provision” vide G.O.(Ms.) No.252 Health and Family Welfare(AB2) Department, dt 18.10.2016.

***11. Correction or cancellation of entry in the register of births and deaths under section* 15**

(1) IfitisreportedtotheRegistrarthataclericalorformalerrorhasbeenmadeinthe register or ifsucherror isotherwise noticed by himandifthe register isinhispossession, the Registrar shall enquire into the matter and if he issatisfied thatany such error has beenmade, heshallcorrecttheerror(by correctingorcancelingtheentry)asprovidedinsection15and shall in the case of localauthorities specified incolumn (1) of the Table below send anextract of the entry showing the error and how it has been corrected to the officer specified in column (2) thereof.

TABLE

Local Authorities (1)	**Officers (2)**
Village Panchayat	Village Panchayat President
Town Panchayat	Executive Officer
Contonment	-Do-
Municipality	Commissioner
Neyveli Lignite Corporation	Chief Health Officer
Corporation	Commissioner

(2)Inthecasereferredtointhesub-rule(1)iftheregisterisnotinhispossession,the Registrar shall make a report to the officer specified in the table in sub-rule (1) and call for the relevantregisterandafterenquiring intothematter,ifheissatisfiedthatsucherrorhasbeen made, necessary correction.

(3)Anysuchcorrectionasmentionedinsub-rule(2)shallbecountersignedbytheofficer specifiedintheTableinsub-rule(1)inthisbehalfwhentheregisterisreceivedfromthe Registrar.

(4)Ifanypersonassertsthatanyentryintheregisterofbirthsanddeathsiserroneousin substance, the Registrar may correcttheentry inthe manner prescribed under section15upon productionbythatpersonadeclarationsettingforththenatureoftheerrorandtruefactsof the case made by two credible persons having knowledge of the facts of the case.

(5)Notwithstandinganythingcontainedinsub-rules(1)and(4),theRegistrarshallmakea reportofanycorrectionofthekindreferredtothereingivingnecessarydetailstotheofficer specified in the table in sub-rule (1).

(6) If it is proved to the satisfaction of the Registrar thatany entry in the register of births and deathshasbeenfraudulently orimproperlymade,heshallmakeareportgiving necessary detailstotheofficerauthorizedbytheChiefRegistrarbygeneralorspecialorderinthis behalf under section 25 and on hearing from him take necessary action in the matter.

(7)In every case in which an entry is corrected or cancelled under this rule, intimation thereof shouldbesenttothepermanentaddressofthepersonwhohasgiveninformationunder section 8 or section 9.

12.Formofregisterundersection 16:–[1][(1)Thelegalpartofthe[FormNos.1,2and3 shall betheFormNo.7,8and9andshallconstitute thebirthregister,deathregisterandstill birth register respectively.]

(2)From1stJanuary ofeachcalendaryearnewregistrationnumberstartingfrom1 should be followed and continues till 31stDecember of that year.

(3)Aneventwhichoccurredinanypreviousyearreportedduringthecurrentyear shall be recorded in the current year register only.

(4) Acontrolregisterin[2][FormNo.14A] shallbemaintainedbytheTahsildarto watchreceiptofreturnsfromallregistration unitsintheareaanddispatchofthesametothe Chief Registrar or to the officer specified by him in this behalf.

1. These words were substituted for the words “The Legal Part of

Form 2, 3 and 4 shall be Form 8,9 and 10 and shall constitute the Birth Register, Death Register and Still Birth Register respectively.

Form 15’

vide G.O.Ms.No.85 Health& Family Welfare (AB2) Department, dated.29.04.2003

13.Feesandpostalchargespayable under section17:–(1) Thefeespayableforasearch to be made, an extract or a non-availability certificate to be issued under section 17 shall be as follows –

Rs.

1 [(a)Search for a single entry in the first year for which the search is made 100/-
(b)For every additional year for which the search is continued 100/-
(c)For granting extract relating to each birth or death 200/-
(d)For every additional copies of extract 200/-
(e)For granting non-availability certificate 100/-]

Providedthatnofeeshallbepayableby anyofficeroftheGovernment ofTamilNadu orbyanymemberofthestaffofEstatedutycirclesdulyauthorizedbytheirofficersorby any personduly authorizedby theDistrictSoldiers,Sailorsand Airmen’sBoardforsearching or forobtaining anextractorforgiving non-availability certificateofbirthordeathfromany registrarforabonafidepublicpurpose,includingtheinvestigationofpensionclaimsfrom families of deceased Indian Military Personnel.

(2)Any suchextractinregardtoabirthor deathshallbeissued in2[FormNo.5 or in Form No.6] asthe case may be andshallbe certifiedinthe manner provided for insection76 oftheIndianEvidence Act,1872, (Act1of1872), inthecaseoflocalauthoritiesspecifiedin column (1) ofthetablebelow by the Registrar ortheOfficersspecifiedinthecorresponding entries in column (2) thereof:

TABLE

Local Authorities (1)	Officers (2)
Village Panchayat Town Panchayat	Village Panchayat President and Executive Officer (till the expiry of two yearsafterthecloseofthecalendaryear to which the register relates). Sub-RegistrarofAssurance(afterthe expiry of two years)
Contonment	Executive Officer
Municipality	Commissioner
Corporation	-Do-
Neyveli Lignite Corporation	Chief Health Officer

(3)If any particular event of birth or death is notfound registered, the Registrar or the officersspecifiedincolumn2oftheTableundersub-rule 2shallissueanon-availability certificate in3[

Form No.10].

(4) Anysuchextractsornon-availabilitycertificatemaybefurnishedtotheperson asking for it or sent to him by post on payment of thepostal charges there for.

1.The expression were substituted for the expression

(a) search for a single entry in the first year for which the search is made Rs.2.00/-

(b)for every additional year for which the search continued Rs.2.00/- (c) for granting extract relating to each birth or death Rs.5.00/-

(d) for granting non-availability certificate of birth or death Rs.2.00/-

vide G.O.Ms.No.360Health&FamilyWelfare (AB2) Department, dated.12.10.2017

2. The expression was substituted for the expression

“

Form No.6 or in Form No.7”

3. The expression was substituted for the expression

“Form No.11”

vide *G*.O.Ms.No.85 Health& Family Welfare (AB2)Dept, dated.29.04.2003.

14.*Interval and forms of periodical returns under sub-section (1) of section 19* *:–*

[1][(1) EveryRegistrar shall after completing the process of registration send all the statistical parts of the reporting forms relating to each month along with a summary monthly report in

Form No.11 for Birth, Form No.12 for deaths, and Form No.13 for Still Births to the Chief Registrar or the officer specified by him in this behalf on or before the 5th of the following month].

(2) Theofficersospecifiedshallforwardallsuchstatisticalpartsofthereportingforms received by him to the Chief Registrar or the officer specified by him, not later than10thof that month.

15. ***Statisticalreportundersub-section(2)ofsection19:*** [2][The Statistical report under sub- section (2) of section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31stJuly of the year immediately following and shall be published as soon as may be thereafter but in any case not late that five months from that date].

16. ***Conditions for compounding offences under section 23****:*–(1) Any offence punishable under section 23 may, either before or after theinstitutionofcriminalproceeding underthis Act,becompoundedbyanofficerauthorizedbytheChiefRegistrarbyageneralorspecial orderinthisbehalf,iftheofficersoauthorizedissatisfiedthattheoffencewascommitted through inadvertence or oversight or for the first time.

(2)Any suchoffencemaybecompoundedonpaymentofsuchsum,notexceeding rupeesfifty foroffencesundersub-sections(1),(2)and(3)andrupeestenforoffencesunder sub-section (4) of section 23 as the said officer may think fit.

1. These words were substituted for the words
“Every Registrar shall aftercompleting the process of registration send all the statistical part of the reporting forms relating to each month along with a summary monthly report in

form 12, 13 and 14 to the Chief Registrar or the office specified by him in their behalf on or beforethe 5thof the following month.

2. These words were substituted for the words

The statistical report under Sub-section (2) of section 19 shall be in

Form 16 andshall be compiled for each yearbefore the 31stJuly of the year immediately following shall be published as a Government publication in the form of a booklet as soon as may bethereafterbut in any case not later than five months from that date.

vide G.O.Ms.No.85 Health& Family Welfare (AB2)Department, dated.29.04.2003

17. ***Registersandotherrecordsundersection30(2)(k):-***(1)Thebirthregister,death registerandstillbirthregistershallberecordsofpermanentimportanceandshallnotbe destroyed.

(2) Theordersofthespecifiedauthoritiesgrantingpermissionfor delayedregistration receivedundersection13bytheRegistrarshallformanintegralpartofthebirthregister, death register and still birth register and shall not be destroyed.

(3) Thecertificateastothecauseofdeathfurnishedundersub-section(3)of section 10 shall be retained for a period of atleast 5 years by the Chief Registrar or the officer specified by him in this behalf.

(4)Everybirthregister,deathregisterandstill birthregistershallberetainedbythe Registrar in his office for a period of twelve months after the end of the calendaryear to which itrelatesandsuchregistershallthereafterinthecaseofthelocalauthoritiesspecifiedinthe column(1)oftheTablebelowbetransferredforsafecustodytotheofficersspecifiedinthe corresponding entries in column (2) thereof.

TABLE

Local Authorities (1)	**Officers (2)**
Village Panchayat Town Panchayat	Village Panchayat President and ExecutiveOfficer(tilltheexpiry oftwoyears afterthecloseofthecalendaryear to which the register relates).
	Sub-RegistrarofAssurance(afterthe expiry of two years)
Contonment	Executive Officer
Municipality	Commissioner
Corporation	-Do-
Neyveli Lignite Corporation	Chief Health Officer

18. ***Mannerofpaymentoffees:-***AllfeespayableundertheActmaybepaidincashor money order or postal order.

ANNEXURE

(See Rule 4)

REPORT ON THE WORKING OF THE ACT

1. Brief description of State, its boundariesand revenue districts. 2. Changes in Administrative Areas.
3. Explanation about the differences in Areas.
4. Changes in Registration Area–Extension.
5. Administrative set up of the registration machinery at various levels. 6. General response of the public towards thisAct.
7. Notification of births and deaths.
8. Progress in the Medical Certification of Cause of Death.
9. Maintenance of Records.

10.Search of births and deaths register for issue of certificates.

11.Delayed registrations.

12.Prosecutions and compounding of offences.

13.Difficulties encountered in implementation of the Act.

(i) Administrative.

(ii) Others.

14.Orders and Instruction issued under the Act.

15.General remarks.

Form No.1 Birth Report LegalInformation This part to be added to the Birth Register	(See Rule 5) BIRTH REPORT FORM Statistical Information This part to be detached and sent for statistical processing
To be filled by the informant 1. DateofBirth:_____ (Enter the exact day, month and year thechild was born e.g.1-1-2000) 2. Sex: _____ (Male/Female/Transgender) do not use abbreviation) 3. Name of thechild, if any:_____ (If not named, leave blank) 4. Name of the father : _____ (Full name as usually written) UID No of Father (if any) | | | | | | | | | | | | | | 5. Name of theMother: _____ (Full name as usually written) UID No of mother (if any) | | | | | | | | | | | | | | 6. Address of parents at the time of Birth of the Child _____ _____ 7. Permanent address of parents : _____ _____ 8. Place of Birth :_____ (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place) 1.Hospital / Institution Name & _____ Address_____ 2.House Address: _____ 3.Others _____ 9.Informant's name:_____ Address: _____ (After completing all columns 1 to 22, informant will put date and	To befilled 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. The house address is not required to be entered.) a)Name of the Town / Village: _____ b)Is it a town or village: (Tick the appropriate entry below) 1. Town 2. Village c)Name of District: _____ d)Name of State: _____ 11.Religion of the Family : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (Write the name of the religion) 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) 13. Mother's level of education : _____ (Enter the completed level of education e.g. if studied upto class VIIbut passed only class VI, write class VI) 14. Father's Occupation: _____ (If no occupation write 'Nil') 15. Mother's Occupation: _____ (If no occupation write 'Nil')
To be filled by the Registrar Registration No: Registration Date: Registration Unit: District: Town/Village: Remarks: (If any) Name and Signature of the Registrar	To befilled by the Registrar Name Code No. District: Taluk: Town/Village: Registration Unit:

Form No.2 Death Report Legal Information This part to be added to the Death Register	Form No.2 This part to be detached and sent for statistical processing Death Report (Statistical Information)
To be filled by the informant 1. Date of Death:_____ (Enter the exact day, month and yearthe death took place) (e.g.1.1.2000) 2. Name of the Deceased:_____ (Full name as usually written) UID No of deceased (if any) | | | | | | | | | | | | | 3. Sex of the deceased:_____ Male/Female/Transgender (do not use abbreviation) 4. Name of the Mother:_____ UID No of mother (if any) | | | | | | | | | | | | | | | 5. Name of the Father:_____ UID No of Father (if any) | | | | | | | | | | | | | | | 5.a. Name ofHusband/Wife:_____ UID No of Husband/Wife (if any) | | | | | | | | | | | | | | | 6. Age of the deceased:_____ (If the deceased was over 1 year of age, give age in completed years. If thedeceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours) 7. Address of the deceased at the time of death:_____ _____ 8. Permanent address of the deceased:_____ _____ 9. Place of death:_____ (Tick the appropriate entry 1,2, or 3 below and give the name of the Hospital / Institution or the address of the house where the death took place. If other place, give location) 1. Hospital / Institution Name:_____ & Address :_____ 2. House Address:_____ 3. Other place _____ 10.Informant's name:	To be filled by the informant 11.Town of 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 beentered.) a) Name of Town / Village: b) Is it a town or village: (Tick the appropriate entry below) 2. Town 2. Village c) Name of District: d) Name of State: 12.Religion: (Tick the appropriate entry below) 2. Hindu 2. Muslim 3. Christian 4. Any otherreligion: (Write the name of the religion) 13.Occupation of the deceased: (If no occupation write 'Nil') 14.Type of medical attention received before death: (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than institution 3. No Medicalattention
To be filled by the Registrar Registration No: Registration Date: Registration Unit: District: Town/Village: Remarks: (If any) Name and Signature of the Registrar	To be filled by the Registrar Name Code No. District: Taluk: Town/Village: Registration Unit:

Form No.3
Still Birth Report
Legal Information
This part to beadded to the Still Birth Register

FORM NO. 3
STILL BIRTH REPOR
Statist
This part to be detached and sent for statistica
multiple births, fill in a separate form for each

To be filled by the informant

1. DateofBirth:_____
(Enter the exact day, month and year)(e.g.01-01-2000)
2. Sex:_____
Male/Female/Transgender)
do not useabbreviation)
3. Name of the father : _____ (Full name as usually written)
UID No of father (if any)

4. Name of themother:_____
(Full name as usually written)
UID No of Mother (if any)

5. Place of Birth : (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)
   1. Hospital / Institution Name &_____
   Address: _____
   2.House Address: _____

5.a. Permanent address of parents : _____
_____ 5.b.
Address of parents at the
time of Still Birth of the Child _____
_____

6.Informant's name:_____
Address: _____

(After completing all columns 1 to 12, informant will put date and

To be filled by the informant

7. Town or Village of Residence of the mother:
(Place where the motherusually lives. This can be different from th
occurred. The house address is not required to be entered.)
a) Name of Town / Village:
b)Is it a town or village: (Tick the appropriate entrybelow)
1. Town 2. Village
c)Name ofDistrict:
d)Name of State:
8. Age of the mother (In completed years) at the time of this birth :
9. Mother's level of education :
(Enter the completed level of education e.g. if studied upto class VI
class VI)
10. 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
11. Duration of pregnancy : (in weeks)
12. Cause of foetal death : (if known)

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

To be filled by the Registrar

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

Name and Signature of the Registrar

To be filled by the Registrar

Name Code No.
District:
Taluk:
Town/Village:
Registration Unit:

R
B
S
B

Form No.1A
(See Rule 5)

Form No. 1-A
Birth Report for Adopted Child
(This partto be added to the Birth Register)
(This part to detached and sent for statistical processing) To be filled by the informant

Form N
Birth Report for A

To be filled by the informant 1*. Date of Birth: _____
(if known,write exact date of birth)

2*.Sex: _____ (Otherwise record the date of birth as ascertained by the Magistrate)

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

3. (Enter "Male or Female) Do not use abbreviation

Name of the Child:_____ (If name ischanged on adoption, write new name)

15.Adoptive Father's level of education: (Enter the completed level of education

4*.Name of the Mother:(If known)_____
UID Numberof Mother (if any)

16.Adoptive Mother's level of education: 5*.Name of the Father:(If known)_____ (Enter the completed level of education

6. Date andnumber of adoption deed / order: _____

7. Name of the adoptive mother:
UID Numberof adoptive mother(if any)

17.Adoptive father's occupation

8. Name of the adoptive father: (if no occupation write 'Nil')
UID Numberof adoptive father (if any)

9. Address of adoptive parents asrecorded in Adoption deed:
_____ 10.Permanent address of adoptive parents: _____
_____ 11*.Place of birth_____

12.If adoptionthrough agency write the place and 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.

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

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

Date Signature or left thumb mark of the informant

To be filled by the Registrar

To be filled by the Registrar

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

Name and Signature of the Registrar Code No:
Registrar

Name Regi
District: Date
Taluk:
Town/ Village: Sex:
Registration Unit: Place

Name and Signature of the Registrar

FORM NO.4
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital in patients. Not to be used forstillbirths)
To be sent to Registrar along with From No.2 (Death Report)

Name of the Hospital:.....

I hereby certify that the person whose particulars are given below died in thehospital in ward No…… on …….. at …… A.M./P.M

NAME OF DECEASED					For use o Statistica Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
1. Male 2. Female	**CAUSE OF DEATH**				
CAUSE OF DEATH I. Immediate cause State the disease, injury or complication which Caused death, not th e mode of dying such as Hear failure, asthenia, etc. Antecedent cause Morbid conditions, if any, g iving rise to the above Cause, stating underlying conditions last II. Other Significant conditionscontri buting to the Death but not related to the diseases or conditions causing it.			(a) ……duet o (or as consequences of) (b)……. due to (or as consequencesof) (c).....	Interval between onset & death Approx …….. …….. …….. …….. ……..	…… …… …… …… ……
Manner of Death 1.Natural 2. Acident 3. Suicide 4. Homicide 5. Pending Investigation				How did they injury occur?	
If deceased was a female, was pregnancy the death associated with? If yes, was there a delivery? 1. Yes 2. No				1. Yes 2. No	

Name and Signature of the Medical Attendant certifying the Cause of Death.
Date of Verification:……
…….

SEE REVERSEFOR INSTRUCTIONS

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

Certified that Shri/Smt/Kum.....S/W/D of Shri……R/O……. was admitted to this hospital on……. and expired on …….

Doctor:……
……..
(Medical Supdt.Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH
Directions for completing the form

Name of deceased: To be give in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names

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 Deaths: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have beenpresent 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 conditionsor 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 singleline. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the rise 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 informationis 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, Hear 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’. Ifthe cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as ‘Pending investigation.

FORM NO.4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For Non-Institutional deaths. Not to be used for stillbirths) To be sent to Registrar along with From No.2 (Death Report)

I hereby certify that the deceasedShri/Smt/Kum…… son of/wife of/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 o Statistica Office
Sex	Age at Death: Age incompleted years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
3. Male 4. Female					
CAUSE OF DEATH I.Immediate cause State the disease, injury or complication which Caused death,not the mode of dying such as Heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last II. Other Significant conditionscontributing to the Deathbut not related to the diseases or conditions causing it.			(a) ……due to (or as consequences of) (b)…….due to (or as consequences of) (c).....	Intervalbetween onset & death Approx …….. …….. …….. …….. ……..	…… …… …… …… ……
If deceased was a female, was pregnancy the death associated with? If yes, was there a delivery? 1. Yes 2. No			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 tothe relative of the deceased)

Certified that Shri/Smt/Kum.....S/W/D of Shri……R/O…… was under my treatment from…….to…….and he/she expired on ……at ……A.M./P.M.

Doctor:……..

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

MEDICAL CERTIFICATE OF CAUSEOF DEATH

Directions for completing the form

Name of deceased: To be give in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in complet ne day, in hours.

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

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause ofdeath. 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 acomplication 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 enteredin 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 rise of their being misread.

Onset: Complete the column for interval between onsetand 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, Hear 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.

Government of Tamil Nadu

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Form No.5 got« v©.5

Departme ent of _____

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BIRTH HCERTIFICATE–Ãw¥ò rh‹¿jœ

(Issued under section 12/1 7 of the Registration of Births and Deaths A Act 1969 and Rule 8/13 of the Tamil N NaduRegistration of Births and Deaths Ru ules, 2000)

This is to certify that the follo owing information has been taken from the original record of Birth which is the register for (local area / local body)----------of T Taluk---------- of District----------of State TAMIL NADU.

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t£l«----------nr®ªj mrš Ãw¥ò¥ gÂnt£oèUªJ vL¡f¥g£lit t vd rh‹¿jœ tH§f¥gL»wJ.

Name/bga® : __ _____ Sex /ghèd«: _____ _____

(M©/bg©/ÂUe§i if)

Date of Birth /Ãwªj njÂ: __ _____

Place of Birth /Ãwªj Ïl« : __ _____

Name of the Mother /jhæ‹ b bga® : _____

UID Number of Mother /jhææ‹ Mjh® v© :_____

Name of the Father /jªijæ‹ bga® : _____

UID Number of Father/jªij jæ‹ Mjh® v© : _____ ___

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

FHªij Ãw¥Ã‹ nghJ bg‰nwhçç‹ Kftç

Permanent address of t the parents/

bg‰nwhç‹ ãiyahd d Kftç

Registration No/gÂÎ v©: __ _____ Date of Registration /gÂÎ brŒj n njÂ/---------

Remarks (If any) /F¿¥òiu (V VnjDäU¥Ã‹) : _____

Date of Issue /tH§»a ehŸ : _ _____

Address of the Issuing Author rity

rh‹¿jœ më¥gtç‹ Kftç

Seal /K¤Âiu

Signature of Issuin ng Authority

rh‹¿jœ më¥gtç‹‹ ifbah¥g«

“E Ensure registration of every birth and death”
“X›b bthU Ãw¥ò k‰W« Ïw¥ig gÂÎ brŒtij cWÂbrŒÅ®”

Government of Tamil Nadu

Form No.6
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Departm ment of _____

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DEAT TH CERTIFICATE–Ïw¥ò rh‹¿jœ

(Issued under section 12/1 7 of the Registration of Births and Deaths A Act 1969 and Rule 8/13 of Tamil Na adu Registration of Births and Deaths Rule s, 2000)

This is to certify that the follo owinginformation has been taken from the e original record of Death which is the register r for (local area / local body)----------of T Taluk---------- of District----------of State TAMIL NADU.

Ñœ¡f©l jftšfŸ jäœehL

khãy«----------kht£l«----------

t£l«----------nr®ªj mrš Ïw¥ò¥ gÂnt£oèUªJ vL¡f¥g£lit t vd rh‹¿jœ tH§f¥gL»wJ.

Name/bga® : ----------Sex /ghèd«: __ _____

(M©/bg©/ÂUe e§if)

UID Number of deceased /Ïw wªjtç‹ Mjh® v©: _____ _____

Date of Death /Ïwªj njÂ: __ _____ Age /taJ : __ _____

Place of Death /Ïwªj Ïl« : _ _____

Name of the Mother /jhæ‹ b bga® : _____

UID Number of Mother /jhææ‹ Mjh® v© : _____

Name of the Father /jªijæ

‹ bga® : _____

UID Number of Father /jªi jæ‹ Mjh® v© : _____ ____

Name of the Husband / Wife fzt® / kidéæ‹ bga® : _____ _____

UID Number of Husband / W Wife /fzt® / kidéæ‹ Mjh® v© : _____ _____

Address of the deceased at th he time of death/ Permanent address of f the deceased/ Ïw¥Ã‹nghJ Ïwªjtç‹ Kftç

Ïwªjtç‹ ãiyahd d Kftç

Registration No/gÂÎ v©: __ _____ Date of Registration /gÂÎ brŒj n njÂ/---------

Remarks (If any) /F¿¥òiu (V VnjDäU¥Ã‹) : _____

Date of Issue /tH§»a ehŸ :_ _____

Address of the Issuing Author rity

rh‹¿jœ më¥gtç‹ Kftç

Seal /K¤Âiu

Signature of Issuin ng Authority

rh‹¿jœ më¥gtç‹‹ ifbah¥g«

“E Ensure registration of every birth and death”
“X›b bthU Ãw¥ò k‰W« Ïw¥ig gÂÎ brŒtij cWÂbrŒÅ®”

FORMNo.7

(See Rule 12)

BIRTHREGISTER

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth: _____
   (Enter the exact day, month
   and year the child was borne.g.1-1-2000)
2. Sex : _____
   (Male/Female/Transgender)
   do not use abbreviation)
3. Name of the child, if any: _____
(If not named, leave blank)
4. Name of the father : _____
   (Full name as usually written)
   UID No of Father (if any)

5. Name of the Mother: _____
   (Full name as usually written)
   UID No of mother (if any)

6. Address of parents at the
time of Birth of the Child _____

   _____

7. Permanent address of parents : _____

   _____

8. Place of Birth : _____
   (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

   5.Hospital / Institution Name & _____
   Address _____

   6.House Address: _____

   7.Others _____

9. Informant's name:_____
   Address: _____

(After completing all columns 1 to 22, informant will put date and signature here:)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No: Registration Date:

Registration Unit: District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

FORM No.8

(See Rule 12)

DEATH REGISTER

DEATH REPORT

Legal Information

This part to be added to the Birth Register

Tobe filled by the informant 1.

Date of Death: _____

(Enter the exact day, month and year the death took place) (e.g.1.1.2000)

2. Name of the Deceased: _____

(Full name as usually written)

UID No of deceased (if any)

3. Sex of the deceased: _____

Male/Female/Transgender(do not use abbreviation) 4. Name of the Mother: _____ UID No of mother (if any)

5. Name of theFather: _____

UID No of Father (if any)

5.a. Name of Husband/Wife: _____ UID No of Husband/Wife (if any)

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 oneday, in hours)

7. Address of the deceased at the time of death:_____

_____

8. Permanent address of the deceased: _____

_____

9. Place ofdeath: _____

(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)

8.

Hospital / Institution Name:_____ & Address :

To be filled by the Registrar

Registration No: Registration Date:

Registration Unit: District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

FORM No.9

(See Rule 12)

STILL BIRTH REGISTER

STILL BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the informant 1.

Date of Birth: _____
(Enter the exact day, month
andyear) (e.g.01-01-2000)

2. Sex : _____
Male/Female/Transgender)
do not use abbreviation)

3. Name of the father : _____ (Full
name as usually written)
UID No of father (if any)

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

5. Place of Birth : (Tick the appropriate entry below and give the name of the Hospital/Institution or theaddress of the house where the birth took place)

1.Hospital / Institution Name & _____
Address: _____

2.House Address: _____

5.a. Permanent address of parents : _____

_____ 5.b.
Address of parents at the
time of Still Birth of the Child _____
_____

6. Informant's name:_____
Address: _____

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

Date: Signature or left thumb mark of the informant

To be filled by theRegistrar

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

Name and Signature of the Registrar

Form No.10
(See Rule 13)

NON-AVAILABILITY CERTIFICATE

(Issued under section 17 of the Registration of Births and Deaths Act, 1969)

This is to certify that a search has been made on the request of Shri/Smt./Kum …….. son / wife / daughter of……. in the registration records for the years(s) …….. relating to (local area) …….. of (Tahsil) ……. of (District)……. of (State)and found that the event relating to the Birth/Death of …….. son / daughter of…… was not registered.

Signature of Registrar

Date: ……..

Signature of issuing authority Date

Seal

Form No. 11

(See Rule 14)

SUMMARY MONTHLY REPORT OFBIRTHS

1. Reportfor the Month of: ……. Year……2.
   District:……. 3.
   Town/ Village:……4.
   Registration Unit:……5.
   Number of BirthsRegistered:……..
   (a)Within one year of their Occurrence:
   (b)After one year of their Occurrence:
   Total*(a+b):

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

Dated: Signature and name of the Registrar

Submitted to the chief Registrar / Additional District Registrar

Form No. 12

(See Rule 14)

SUMMARYMONTHLY REPORT OF DEATHS

1. Reportfor the Month of: ……. Year……
2. District:…….
3. Town/ Village:……
4. Registration Unit:……
5. Details of DeathsRegistered during the Month:……..

Deaths			Infant Deaths	Maternal Deaths
Registered within one year of occurrence	Registered after one year of occurrence	Total*		
1.	2.	3.	4.	5.

Note: Infant and Maternal Deaths should also beincluded in the Deaths.

*Total should be equal to the number of statistical part of DeathReport Forms (Form No.2)

attached with this monthly report.

Dated: Signature and name of the Registrar

Submitted to the chief Registrar /Additional District Registrar

Form No. 13

(See Rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Reportfor the Month of: ……. Year……
2. District:…….
3. Town/ Village:……
4. Registration Unit:……
5. Number of Births Registered:……..

*Number of still births registered should be equal to the number of Still Birth report forms (Form No.3) attached with this monthly report.

Dated: Signature and name of the Registrar

Submitted to the chief Registrar/ Additional District Registrar

Form No.14-A [See Under Rule (12)] [Under Rule 12(4) Under Sec 16] CONTROL REGISTER FOR THE YEAR ....

(PART A) Name of Taluk/Panchaya

Name of Panchayats/Village/ Town	January		February		March		April		May		June		July		August		Sept
	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt	Date of Despatch	Date of Receipt

Form No. 14-B

[See Rule 4 and 15]

FORM NO. 14-B

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Name of Taluk/Panchayat Union:

Name of Panchayats/Village/ Town	January		February		March		April		May		June		July		August		Sept
	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth	Death	Birth