

Legal information

This part to be added to the Birth Register

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.

<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, " Female" or Transgender) 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)</p> <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>5. Name of the mother : (Full name as usually written) UID No of Mother (if any)</p> <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>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 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/ Name : Institution</p> <p>2.House Address :</p> <p>9. Informant's name : 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 : District :</p> <p>Town/Village : District :</p> <p>Remarks : (if any)</p>	<p>Name</p> <p>District :</p> <p>Tahsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p>	<p>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>Name and Signature of the Registrar</p>		<p>Name and Signature of the Registrar</p>																																								

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FORM NO.1
(See Rule 5)

Legal information

Statistical information

*This part to be added to the Death Register**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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>3. Sex of the deceased : : (Enter "Male, or " Female" or "Transgender") 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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>5b Age of husband/wife: <table border="1" style="width: 100%; height: 15px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>5c Contact details of husband/wife:</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 :</p> <p>2. House Address :</p> <p>3. Other Place</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>10. Informant's name : UID No of Informant (if any) <table border="1" style="width: 100%; height: 15px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Address :</p> <p><i>(After completing all columns 1 to 21, informant will put date and signature here:)</i></p> <p>Declaration: <input type="checkbox"/></p> <p>To the best of my knowledge and information, the detail of Aadhaar of deceased is not available.</p> <p>Date : Signature or left thumb mark of the informant</p>																					To be detached and sent statistical processing																																																																																	
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<p><i>To be filled by the Registrar</i></p> <p>Registration No. : Registration Date :</p> <p>Registration Unit : District :</p> <p>Town/Village : Tahsil :</p> <p>Remarks : (if any) Town/Village :</p> <p style="text-align: center;">Name and Signature of the Registrar</p>	<p><i>To be filled by the Registrar</i></p> <p>Registration No. : Name Code No.</p> <p>Date of Death : Registration Date :</p> <p>Age : Years/months/days/hours Sex : 1.Male 2.Female</p> <p>Place of Death : 1.Hospital/Institution 2.House 3. Other Place</p> <p style="text-align: center;">Registration Unit : Name and Signature of the Registrar</p>																																																																																																					