



Civil Registration System (CRS) All CRS FORM

Apply Birth & Death Certificate Online

द्वारा : संजीव कुमार, सहायक निदेशक
जनगणना कार्य निदेशालय, उत्तराखण्ड
गृह मंत्रालय, भारत सरकार



CRS Form के मुख्य बिन्दु

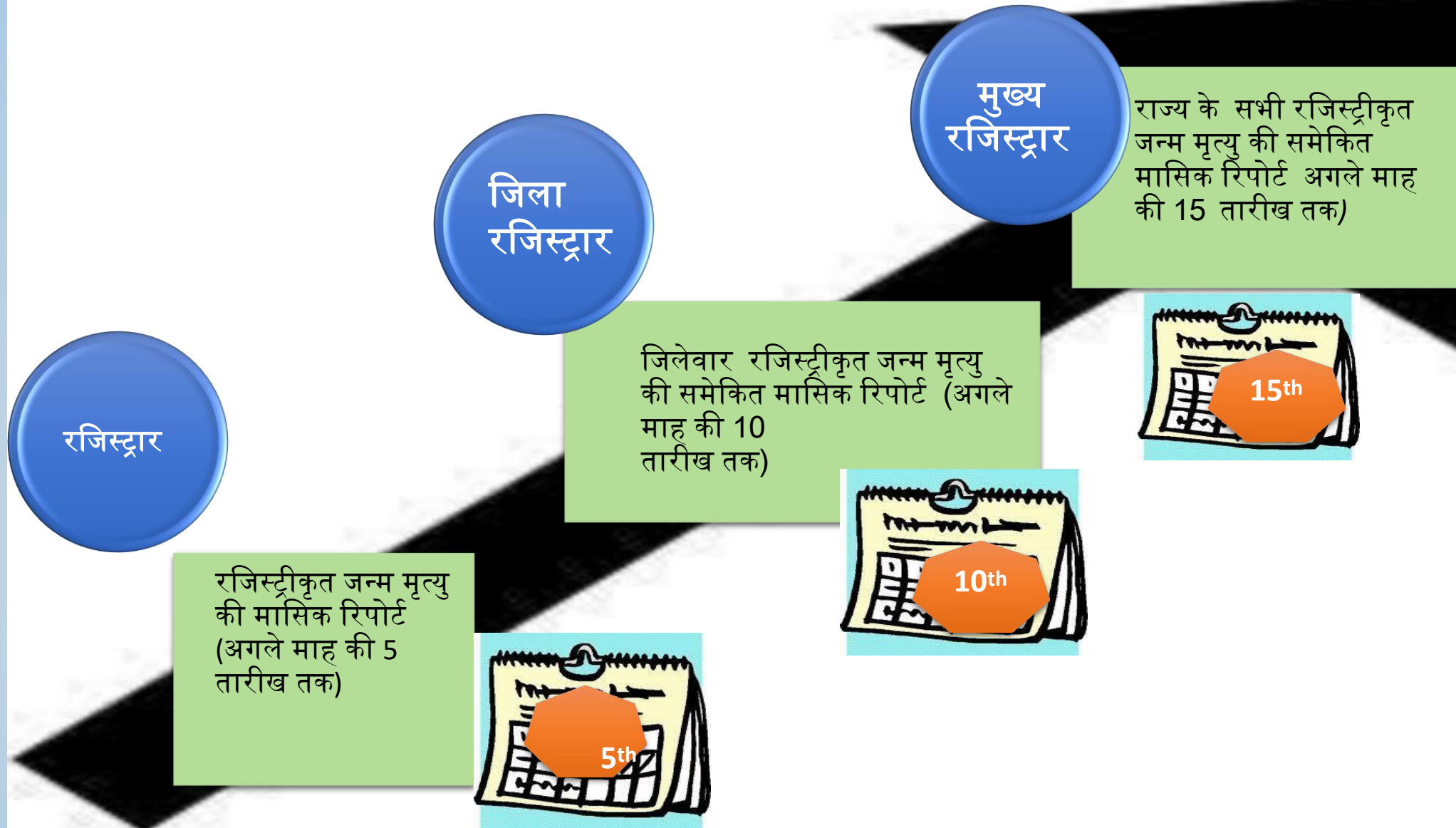
- रजिस्ट्रीकरण की नयी प्रणाली में प्रयोग किये जाने वाले विभिन्न प्रपत्रों का विवरण
- रजिस्ट्रार/ जिला रजिस्ट्रार/ मुख्य रजिस्ट्रार द्वारा भेजे जाने वाले जन्म-मृत्यु की समेकित मासिक रिपोर्ट (Annexure-4) की जानकारी

सिविल रजिस्ट्रेशन प्रणाली प्रपत्र

❖ रजिस्ट्रीकरण प्रणाली में प्रयोग किये जाने वाले विभिन्न प्रपत्र निम्न प्रकार हैं:-

| प्रपत्र संख्या | प्रपत्र का शीर्षक | |
|----------------|--|------------------------------------|
| 1 | जन्म सूचना प्रमाण प्रपत्र | REPORTING FORMATS |
| 1क | दत्तक बच्चे का जन्म सूचना प्रपत्र | |
| 2 | मृत्यु सूचना प्रपत्र | |
| 3 | मृत-जन्म सूचना प्रपत्र | |
| 4 और 4 क | मृत्यु के कारण का चिकित्सा प्रमाण पत्र | |
| 5 | जन्म प्रमाण पत्र | REGISTRATION CERTIFICATE |
| 6 | मृत्यु प्रमाण पत्र | |
| 7 | जन्म रजिस्टर | PERMANENT OFFICE RECORDS |
| 8 | मृत्यु रजिस्टर | |
| 9 | मृत-जन्म रजिस्टर | |
| 10 | अनुपलब्धता प्रमाण पत्र | |
| 11 | जन्म का मासिक सारांश | REPORTS |
| 12 और 13 | मृत्यु एवं मृत-जन्म, का मासिक सारांश | |
| 14 | विलम्बित पंजीकरण हेतु Declaration प्रपत्र | As Per Amendment Rules-2023 |
| 15 | रजिस्ट्रार/जिला रजिस्ट्रार के कार्य से असंतुष्ट होने पर Appeal प्रपत्र | |

Flow Chart of Monthly Reporting System



Monthly Reporting Format (Annexure-4)

अनुलग्नक-4 (Annexure -4)

(राज्य में पंजीकृत जन्म, मृत्यु, शिशु मृत्यु तथा मृत जन्म की संख्या जिले व महीने के अनुसार)

Registered Births, Deaths, Infant Deaths and Still Births district/month-wise information of States/Uts

| State- Uttarakhand | | | | | Month- | | | | | | | | | Year- | | | | | |
|--------------------------------|----------------------------|---|--|---|--|----------------|------------------------|--|-----------------|------------------------|--|-----------------|-------------------------|---|-----------------|-------------------------|---|-----------------|--------------------------|
| जिले का नाम (Name Of District) | ग्रामीण/शहरी (Rural/Urban) | कुल पंजीकृत इकाईया / No. of Registration Units (RUs) | कुल पंजीकृत इकाईया जिनकी मासिक रिपोर्ट प्राप्त हो चुकी है / No. of RUs who have submitted monthly return | रिपोर्टिंग लेवल /Level of Reporting (%) (4 / 3 *100) | कुल पंजीकृत जन्म (No. of Registered Births) | | | कुल पंजीकृत मृत्यु (No. of Registered Deaths) | | | कुल शिशु मृत्यु (1 वर्ष से कम आयु) No. of Infant Deaths (Less than 1 year) | | | कुल बाल मृत्यु/ No. of Child Deaths (Age 1 year or more but Less than 5 years) | | | (कुल पंजीकृत मृत जन्म)/ No. of Registered Still Births | | |
| | | | | | (पुरुष) Male | (महिला) Female | कुल योग/ Total (6 + 7) | (पुरुष)/ Male | (महिला)/ Female | कुल योग/ Total (9 +10) | (पुरुष)/ Male | (महिला)/ Female | कुल योग/ Total (12 +13) | (पुरुष)/ Male | (महिला)/ Female | कुल योग/ Total (15 +16) | (पुरुष)/ Male | (महिला)/ Female | कुल योग / Total (18 +19) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| | Rural | | | | | | | | | | | | | | | | | | |
| | Urban | | | | | | | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | |

Birth Report

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

Form-1

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

To be filled by the informant

1. **Date of Birth :**

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

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

(a) Name, if any :

(b) Aadhaar No, if available:

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

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

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

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

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

7. **Permanent address of parents:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :

1. Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

9. **Informant's Details:**

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

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

Date: **Signature or left thumb mark of the informant**

To be filled by the informant

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

11. **For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]

(a) **Religion of Father:**

(b) **Religion of Mother:**

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

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

14. **Father's Occupation:**

15. **Mother's Occupation:**

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

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

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

19. **Type of attention at delivery** (Tick the appropriate entry below):

- Institutional-Government
- Institutional – Private or Non-Government
- Doctor, Nurse or Trained Midwife
- Traditional Birth Attendant
- Relatives or others

20. **Method of Delivery** (Tick the appropriate entry below):

- Natural
- Caesarean
- Forceps/Vacuum

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

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

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

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

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

To be filled by the Registrar

| Name | Code No. |
|----------------|----------|
| District | |
| Sub-District | |
| Town/Village : | |

Registration Unit :

Registration No. :

Registration Date:

Date of Birth :

Sex : Male / Female / Transgender person

Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Death Report

FORM NO.2 (See Rule 5)
DEATH REPORT
Legal Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Death Register

Form-2

FORM NO.2 (See Rule 5)
DEATH REPORT
Statistical Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

2. Deceased's Details:-
 (a) Name: First Name Middle Name Last Name
 (b) Aadhaar No, if available:
 (c) Date of Birth : D D - M M - Y Y Y Y
 (d) Age:
3. Sex (Enter "Male" or "Female" or "Transgender person") :
4. Mother's Details:-
 (a) Name: First Name Middle Name Last Name
 (b) Aadhaar No, if available:
 (c) Mobile No:
 (d) Email Id:
5. Father's Details:-
 (a) Name: First Name Middle Name Last Name
 (b) Aadhaar No., if available:
 (c) Mobile No:
 (d) Email Id:
6. Spouse's (husband / wife) Details:-
 (a) Name: First Name Middle Name Last Name
 (b) Aadhaar No., if available:
 (c) Date of Birth : D D - M M - Y Y Y Y
 (d) Age (in completed years):
 (e) Mobile No:
 (f) Email Id:
7. Address of the deceased at the time of death: House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:
8. Permanent address of the deceased: House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:
9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place):
 1. Hospital / Institution **Name :**
 2. House 3. Other place **Address :** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:
10. Informant's Details:-
 (a) Name: First Name Middle Name Last Name
 (b) Aadhaar No., if available:
 (c) Mobile No:
 (d) Email Id:
 (e) **Address :** House No.:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:
DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.
(After completing all columns 1 to 21, informant will put date and signature)

To be detached and sent for statistical processing

11. Town or village of Residence of the deceased (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
 Town or Village: Sub-district:
 District: State or Union Territory:
 PIN Code:
12. Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):
13. Occupation of the deceased:
14. Type of Medical Attention received before death (Tick the appropriate entry below):
 1. Institutional
 2. Medical attention other than Institution
 3. No Medical attention
15. Was the cause of death medically certified? (Tick the appropriate entry below) :
 1. Yes 2. No
16. Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not) :
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
18. If used to habitually smoke – for how many years?
19. If used to habitually chew tobacco in any form – for how many years?
20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?
21. If used to habitually drink alcohol - for how many years?

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

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

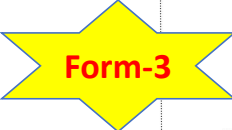
To be filled by the Registrar

Registration No. :
 Registration Date: D D - M M - Y Y Y Y
 Registration Unit :
 Town / Village:
 Sub-District:
 District:
 Remarks (if any):
 Cause of Death (as per Form 4 / 4A):
 Name and Signature of the Registrar

To be filled by the Registrar

| | Name | Code No. |
|-------------------------------------|---|----------|
| District | | |
| Sub-District | | |
| Town/Village : | | |
| Registration Unit : | | |
| Registration No. : | | |
| Registration Date: | <input type="text"/> D <input type="text"/> D <input type="text"/> - <input type="text"/> M <input type="text"/> M <input type="text"/> - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | |
| Date of Death : | <input type="text"/> D <input type="text"/> D <input type="text"/> - <input type="text"/> M <input type="text"/> M <input type="text"/> - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | |
| Sex : | Male / Female / Transgender person | |
| Age of deceased: | <input type="text"/> | |
| Place of death : | 1. Hospital/Institution 2. House 3. Other place | |
| Name and Signature of the Registrar | | |

Still Birth Report



FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

Date of Birth :
(Enter "Male" or "Female" or "Transgender person") :

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

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

5. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
1. Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No. Locality:
Ward number (in case of town and if available): Town or Village:
Sub-district: District:
State or Union Territory: PIN Code:

6. Informant's Details:
(a) Name:
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:
(e) **Address :** House No: Ward number (in case of town and if available):
Locality: Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

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

Date: Signature or left thumb mark of the informant

To be filled by the informant

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

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

9. Mother's level of education:

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):

(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.)

To be detached and sent for statistical processing

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

To be filled by the Registrar

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

Name and Signature of the Registrar

To be filled by the Registrar

| | Name | Code No. |
|----------------|------|----------|
| District | | |
| Sub-District | | |
| Town/Village : | | |

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

Name and Signature of the Registrar



FORM NO. 4
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital In-patients. Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)
A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....

on - - at.....AM. / P.M.

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

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

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 Attendant certifying the cause of death

Date of verification : - -

SEE REVERSE FOR INSTRUCTIONS



FORM NO. 4A
(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH
(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths (Amendment) Act, 2023 to give information concerning the death to Registrar along with Form No. 2 (Death Report))

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter ofresident of was under my treatment from to and he/she died on at.....AM. / P.M.

| NAME OF DECEASED: | | First Name | Middle Name | Last Name | 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 | |
| 1. Male 2. Female 3. Transgender Person | | | | | |
| CAUSE OF DEATH | | | | Interval between onset and death approx. | |
| I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. | | (a) due to (or as a consequences of) | | | |
| Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last | | (b) due to (or as a consequences of) | | | |
| II Other significant conditions contributing to the death but not related to the disease or condition causing it | | (c) | | | |

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

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

Date of verification :

SEE REVERSE FOR INSTRUCTIONS



प्रपत्र- 5

Form-5

सं. No.

State Govt. Emblem

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



जन्म प्रमाण-पत्र BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) अधिनियम, 2023 की धारा 12 / 17 तथा...(राज्य का नाम).....जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

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

..... उप-जिला.....

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 Sub-district 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 आधार नं० /Aadhaar No. of Mother

पिता का नाम/Name of Father
पिता का आधार नं०/ Aadhaar No. of Father

बच्चे के जन्म के समय माता पिता का पता / Address of parents at the time of birth of the child :
माता पिता का स्थायी पता/ Permanent address of parents:
.....
.....
.....

पंजीकरण संख्या/Registration No :..... पंजीकरण दिनांक/Date of Registration.....
टिप्पणी/Remarks (if any).....
जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority
प्राधिकारी का पता/ Address of the issuing authority
मोहर/Seal

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



प्रपत्र- 6
Form-6

सं.No.
State
Govt.
Emblem

..... सरकार
GOVERNMENT OF

..... **वभाग/**..(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का नाम)...
DEPARTMENT OF...../. (Name of local body issuing certificate).



मृत्यु प्रमाण पत्र
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) अधिनियम, 2023 की धारा 12 / 17 तथा...(राज्य का नाम).....जन्म मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

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

..... उप-जिला.....

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 Sub-district of Districtof State/Union territory

नाम/Name:

मृतक का आधार नं०/Aadhaar 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 आधार नं०/Aadhaar No. of Mother.....

पिता का नाम/Name of Father.....

पिता का आधार नं०/ Aadhaar No. of Father.....

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

पति/पत्नी का आधार नं०/ Aadhaar No. of Husband / Wife.....

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

.....

.....

.....

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

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

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



FORM NO.7
(See Rule 12)
BIRTH REGISTER
Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:**

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

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

(a) Name, if any :

(b) Aadhaar No., if available:

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

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

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

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

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

7. **Permanent address of parents:** House No: _____
Locality: _____ Ward number (in case of town and if available): _____
Town or Village: _____ Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
1. Hospital / Institution **Name :** _____
2. House **Address :** House No: _____
3. Other place **Address :** House No: _____
Locality: _____ Ward number (in case of town and if available): _____
Town or Village: _____ Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

9. **Informant's Details:**

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No: _____
Locality: _____ Ward number (in case of town and if available): _____
Town or Village: _____ Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

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

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

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

Name and Signature of the Registrar



FORM NO.8
(See Rule 12)
DEATH REGISTER
Legal information

This part to be added to the Death Register

To be filled by the informant

1. **Date of Death** - -

2. **Deceased's Details:-**

(a) Name:

(b) Aadhaar No., if available:

(c) Date of Birth : - -

(d) Age:

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

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

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

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

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

6. **Spouse's (husband / wife) Details:-**

(a) Name:

(b) Aadhaar No., if available:

(c) Date of Birth : - -

(d) Age (in completed years):

(e) Mobile No:

(f) Email Id:

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

8. **Permanent address of the deceased:** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

9. **Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
 1. Hospital / Institution **Name :**
 2. House 3. Other place **Address :** House No:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

10. **Informant's Details:-**

(a) Name:

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No.:
 Locality: Ward number (in case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: - -

Signature or
left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date: - -

Registration Unit :

Town / Village: Sub-District: District:

Remarks (if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar



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

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :**

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

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

(a) **Name:**

(b) **Aadhaar No., if available:**

(c) **Mobile No:**

(d) **Email Id:**

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

(a) **Name:**

(b) **Aadhaar No., if available:**

(c) **Mobile No:**

(d) **Email Id:**

5. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :

1. Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No. _____ Locality: _____
Ward number (in case of town and if available): _____ Town or Village: _____
Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

6. **Informant's Details:**

(a) **Name:**

(b) **Aadhaar No., if available:**

(c) **Mobile No:**

(d) **Email Id:**

(e) **Address :** House No: _____ Ward number (in case of town and if available): _____
Locality: _____ Sub-district: _____ District: _____
Town or Village: _____ Sub-district: _____ District: _____
State or Union Territory: _____ PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

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

Date: **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. : _____

Registration Date:

Registration Unit : _____

Town / Village: _____

Sub-District: _____

District: _____

Remarks (if any): _____

Name and Signature of the Registrar



FORM No.10
(See Rule 13)

NON-AVAILABILITY CERTIFICATE

(Issued under Section 17 of the Registration of Births & Deaths (Amendment) Act, 2023)

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 year(s) relating to (Local area)..... of (Sub-District) of (District) of (State) and found that the event relating to the birth/death of son/daughter of was not registered.

Date :

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| d | d | - | m | m | - | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|

Signature of issuing authority

Seal



Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths (Amendment), Act 2023

DECLARATION

I.....son/daughter/wife ofresident of do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of ____ (name of child / deceased) _____ son/daughter/spouse of
2. He / she was born / died on ____ (date of birth / death) _____ at (place of birth / death).....;
3. He / she was attended at birth /death by _____ who resides at.....;
4. The reason(s) for the delay in reporting of his / her birth /death are _____;
5. His / her birth / death certificate is required for the purpose of _____;

DECLARATION:

I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

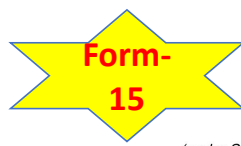
Name and Signature or left thumb mark of the informant

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Notes:

1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.



Form No. 15
(See Rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths (Amendment), Act 2023)

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

| State | District | Sub-District | Village/Town | Locality | RU ID | Name of Registrar / Distt. Registrar |
|-------|----------|--------------|--------------|----------|-------|--------------------------------------|
| | | | | | | |

2. Account of Event Leading to appeal with date and order no. etc.
(Provide a detailed account of the occurrence, use attachments, if necessary)

DECLARATION:

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

(Signature of the appellant)

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Appellant details:

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

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
3. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
4. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
5. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.