

FORMAT OF THE REPORT ON THE WORKING OF THE ACT
(See Rule 4)

1. Brief description of the State, its boundaries and 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 this Act.
7. Notification of births and deaths register for issue of certificates.
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 Instructions issued under the Act.
15. General remarks.

To be filled by the informant

1. Date of Birth :

(Enter the exact day, month and year the child was born e.g.1-1-2000)

2. Sex :

(Enter “male” or “female”, 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)

5. Name of the mother :

(full name as usually written)

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

1. Hospital/ Name :

Institution

2. House. Address :

7. Informant’s name :

Address :

(After completing all columns 1 to 20, 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 :

Town /Village :.....District :

Remarks: (if any)

Name and Signature of the Registrar

- b) Is it a town or village :(Tick the appropriate entry below) 1. Town 2. Village
- c) Name of District :
- d) Name of State :
9. Religion of the family : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian
4. Any other religion : (write name of the religion)
10. Father's level of education :
(Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)
11. Mother's level of education :
(Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)
12. Father's occupation :
(it no occupation write 'Nil')
13. Mother's occupation :
(If no occupation write 'Nil')
- To be filled by
Name : Code No.....
District :
Tahsil :
Town/Village : Registration Unit :

If the case of multiple births, in a separate from 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 filled by the informant

14. Age of the mother (in completed years)
at the time of marriage :
(if married more than once, age at first

17. 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
18. Method of Delivery :
 (Tick the appropriate entry below)
1. Natural 2. Caesarean 3. Forceps/ Vacuum
19. Birth Weight (in kgs.) (if available :)
20. Duration of pregnancy (in weeks) :
- (Columns to be filled are over. Now put signature at left)

the Registrar

Registration No..... Registration Date :

Date of Birth :

Sex : 1. Male 2. Female

Place of Birth : 1. Hospital/Institution 2. House.

Name and Signature of the Registrar

FORM NO.2 DEATH REPORT

Legal information

This part to be added to the Birth Register

To be 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)
3. Sex of the deceased :
 (Enter "male or female", do not use abbreviation)
4. 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)
5. Place of death :
 (Tick the appropriate entry 1, 2 or 3 below and given the name of the
 Hospital/Institution or the address of the house where the death took place, give location)

Date : ... Signature or left thumb mark of the informant
To be filled by the Registrar
Registration No: Registration Date :
Registration Unit :
Town /Village : District : Remarks: (if any)
.....

Name and Signature of the Registrar

DEATH REPORT

Statistical information

This part to be detached and sent for statistical processing

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 death 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 entry below)
1. Town 2. Village

c) Name of District :

d) Name of State :

8. Religion : (Tick the appropriate entry below)

- 1. Hindu 2. Muslim 3. christian
- 4. Any other religion
- (write name of the religion)

9. Occupation of the deceased :.....
(if no occupation write 'Nil')

10. Type of medical attention received before death: (Tick the appropriate entry below)

- 1. Institutional
- 2. Medical attention other than institution-
- 3.No medical attention

To be filled

Name

Code No District :

.....

FORM 2

To be filled by the informant

11. Was the cause of death medically certified? : (Tick the appropriate entry below)

1. Yes 2. No.

12. Name of Disease or Actual Cause of Death :

(For all deaths irrespective of whether medically certified or not)

13. In case this is 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

14. If used to habitually smoke -
for how many years?

15. If used to habitually chew
tobacco in any form-
for how many years?

16. If used to habitually chew arecanut
in any form (including pan masala)-
for how many years?

17. If used to habitually drink alcohol-
for how many years?

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

by the Registrar

Registration No.: Registration Date : Date of Death : Sex : 1. Male 2. Female

Age : Years/months/days/hours

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

Name and Signature of the Registrar.

3. Name of the father :
(full name as usually written)
 4. Name of the mother:
(full name as usually written)
 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/Name :
Institution
 2. House Address :
 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 the Registrar
 Registration No.:.....Registration Date :
 Registration Unit :
 Town /Village : District :
 Remarks: (if any)

Name and Signature of the Registrar

STILL BIRTH REPORT
 Statistical information

This part to be detached and sent for statistical processing
 To be filled by the informant

7. 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 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 :

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

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

certifying the cause of death
Name and signature of the Medical Attendant
Date of verification
.....

SEE REVERSE FOR INSTRUCTIONS
(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum.
S/W/D of Shri R/O
..... Was 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 given 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 completed number of days, and if below oneday, in hours.

Cause of Death : This part of the form should always be completed by the attending

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 of death. This does not mean the mode of dying. e.g. heart failure, respiratory failure, etc. These terms should not 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 last in Part I.

Morbid conditions or injuries may be present which were not directly related to the chain 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 single line. Please write the names of the diseases (in full) in the certificates as legible as possible to avoid the risk 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 questions 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 be not 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, Neoplasms- indicate whether benign or malignant, and site with site of primary neoplasm, whenever possible, Heart 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

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'.

FORM NO.4A

(See Rule 7)

MEDICAL CERTIFICATION OF CAUSE OF DEATH

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

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

I hereby certify that the deceased Shri/Smt./Km. son 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 of Statistical 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

3. Male 4. Female

CAUSE OF DEATH Immediate cause (a)

..... State the disease, injury or complication Due to (or as
a consequences of) which caused death, not the mode of dying such as heart failure,
asthenia, etc. Antecedent cause (b)

..... Morbid conditions, if any,
giving rise to Due to (or as a consequences of) the
above Cause, stating underlying conditions last (c)

..... II Other significant conditions contributing
..... to the death but not related to the disease
..... or conditions causing it Interval between on set &
death approx.....

certifying the cause of death

Name and signature of the Medical Practitioner

Date of certification

.....

SEE REVERSE FOR INSTRUCTIONS

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

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

Doctor
(Medical Supdt.
Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be given 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 completed number of days, and if below oneday, in hours.

Cause of Death : 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 1, and nothing more need be written in the rest of Part I or Part II, or 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,

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 last in Part I.

Morbid conditions or injuries may be present which were not directly related to the chain 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 single line. Please write the names of the diseases (in full) in the certificates as legible as possible to avoid the risk 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 questions 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 be not 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, Neoplasms- indicate whether benign or malignant, and site with site of primary neoplasm, whenever possible, Heart 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 know. Complications of pregnancy or delivery-Describe the complication specifically Tuberculosis-Give organs affected.

Symptomatic statement: Convulsions, diarrhoea, fever, ascites, jaundice, debility etc. are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is know, but whenever possible, give the disease which caused the symptom.

BIRTH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) of Tahsil of District..... of State

Name

Sex

Date of Birth

Name of father

Name of Mother

Registration No.

Date of Registration

Date

Signature of issuing authority

Seal

FORM No.6
(See Rule 8)

DEATH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of Death which is the register for (Local Area) of Tahsil of District of State

Name

Registration No.

Date of Registration

Date

Signature of issuing authority

Seal

No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17(1).

FORM No. 10 A
(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 year (s)
..... relating to (Local area) of
..... (Tahsil) (District) (State)
..... and found that the event relating to births/deaths
..... Son/wife/daughter of
..... was not registered.

FORM No. 10 B
(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
..... for the birth/death certificate of
..... Son/wife/daughter of
..... In the registration records relating
to..... (Local area) of
(Tahsil) (District) (State)
..... and found that the original register of births/deaths for the year
..... is not available.

Date :

Signature of the issuing authority

Seal