" FORM NO.1 (See rule 5) BIRTH REPORT

Legal information [SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Birth Register

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				To be filled by the informant
1. Date of Birth : D D - M	M - Y Y Y Y		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
3. Child's Details (If not named, leav(a) Name, if any: First Name	Middle Name Last Name			name): Town or Village: Sub-district:
(b) Aadhaar No. (if available):				District: State or Union Territory:
4. Father's Details:-				PIN Code:
(a) Name: First Name	Middle Name Last Name		11.	For Religion [Enter appropriate religion "Hindu" or
(b) Aadhaar No. (if available):				Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
(d) Mobile No:			(a)	Religion of Father:
Emairiu.			(b)	Religion of Mother:
(a) Mother's Details:- Name: First Name	Middle Name Last Name	ing	12.	Father's level of education:
(b) Aadhaar No (if available):	Middle Ivalite Last Ivalite	sess	13.	Mother's level of education:
(c) Mobile No.		proc		
(d) Email Id:		cal	14.	Father's Occupation:
6. Address of parents at the time o		statistical processing	15.	Mother's Occupation:
•	mber (in case of town and if available): district: District:	sta	16.	Age of the mother (in completed years) at the time
State or Union Territory:	PIN Code:	for	10.	of marriage (If married more than once, age at first
7. Permanent address of parents:	House No:	sent for		marriage is to be written):
•	mber (in case of town and if available):	and	17.	Age of the mother (in completed years) at the time
Town or Village: Sub- State or Union Territory:	district: District: PIN Code:	a Q		of this birth :
	te entry 1 or 2 or 3 below and give the name and address of	detached	18.	Number of children born alive to the mother so far including this child (Number of children born alive to
the "Hospital / Institution" or the a	ddress of the "House" or 'Other place" where the birth took	deta		include also those from earlier marriage(s), if any):
place): 1.Hospital / Institution	Name :	be	19.	Type of attention at delivery (Tick the appropriate
2. House 3. Other place	Address: House No:	2		entry below):
•	mber (in case of town and if available): district: District:			Institutional-Government
Town or Village: Sub- State or Union Territory:	district: District: PIN Code:			Institutional – Private or Non-Government Doctor, Nurse or Trained Midwife
				Traditional Birth Attendant
9. Informant's Details: (a) Name First Name	The little by th			Relatives or others
(b)	Middle Name Last Name		20.	Method of Delivery (Tick the appropriate entry below): 1. Natural
(c) Aadhaar No. (if available): Mobile No:	<u> </u>			2. Caesarean
(d) Mobile No:				3. Forceps/Vacuum
Address : House No:	mber (in case of town and if available):		21.	Birth Weight (in kgs.) (if available):
•	district: District:		22.	Duration of pregnancy (in weeks):
State or Union Territory: DECLARATION:	PIN Code:			
	best of my knowledge and belief. I am aware of the penalties			
	ths and Deaths Act, 1969 (amended in 2023) for submitting under Aadhaar (Targeted Delivery of Financial and Other			
Subsidies, benefits and Services) Act	2016, for authenticating identity by way of Aadhaar			(la de la casa de mande la binda de fill in la casa de famo
authentication.				(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth'
(After completing all columns 1 to 22,				etc., as the case may be, in the remarks column in the box below left.)
informant will put date and signature)		<u> </u>		,
Date: D D - M M - Y Y Y	Y Signature or left thumb mark of the informant	(0	Column	s to be filled are over. Now put signature at left)
	To be filled by the Registrar			To be filled by the Registrar Name Code No.
Registration No. :			Dis	trict
Registration Date:	1 - Y Y Y Y		Sul	p-District
Registration Unit : Town / Village:			Tov	wn/Village :
Sub-District:			Regis	stration Unit :
District:			Regis	stration No. :
Remarks (if any):			Regis	stration Date: DD - MM - Y Y Y Y
			Date	of Birth : D D - M M - Y Y Y Y
				Male / Female / Transgender person
			Place	e of Birth: 1. Hospital/Institution 2. House 3. Other
	Name and Signature of the Registrar			Name and Signature of the Registrar

Instructions for completing the Form 1: BIRTH REPORT

Item No.			Inst	tructions				
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. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.							
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.							
3,4,5,9	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. There should be minimum two characters in either [first name] or [middle name] or [last name]. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).							
6,7,8,9				name of State or Union Terri n and if available), Locality,				
8	Tick the appropriate entry for place of birth 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place.							
10	Town or Villa	ge of residen	ce of the mother:	Place where the mother uscurred. The house addre				
12,13	Level of Educ 1.Pre- Primary	ation – Write of 6.Class 5	one of following— 11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education			
	2.Class 1 3.Class 2 4.Class 3 5.Class 4	7.Class 6 8.Class 7 9.Class 8 10.Class 9	12.Class 11 13.Class 12 14.ITI 15.Diploma /	17. PG Diploma 18. Master / Post graduate 19. M.Phil 20. Doctorate & above	22. Illiterate			
14, 15	Certificate (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer)							
	4. Singl 5. Empl 6. Gove 7. Priva 8. Dom	 Daily Wages Earner(Other than Agriculture Labourer) Single/Family Worker/Self Employed Employer Government Employee Private Employee(Other than Domestic Helper) Domestic Helper 						

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

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

FORM NO.1A Statistical information (See rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS]

	This part to be added to the Birth Register		This part to	be detached and sent for statistical processing
	To be filled by the informant			To be filled by the informant
1*.	Date of Birth: DD - MM - YYYYY		14.	For Religion [Enter appropriate religion
2*.	Sex (Enter "Male" or "Female" or "Transgender person"):			"Hindu" or Muslim" or "Christian" or "Sikh" or
3.	Child's details (If name is changed on adoption, write new name):-			"Buddhist" or "Jain" or "Other (Please specify)"]
(a)	Name of the Child First Name Middle Name Last Name			
(b)	Aadhaar No. (if available):		(a)	Religion of Adoptive Father:
4*.			(α)	
(a)	Mother's Details (If known):- Name: First Name Middle Name Last Name		(b)	Religion of Adoptive Mother:
(b)			()	Rengion of Adoptive methor.
	Aadhaar No. (if available):		45	Adoptive Fether's level of advection.
(c)	Mobile No:		15.	Adoptive Father's level of education:
(d)	Email Id:			
5*.	Father's Details(If known):-		16.	Adoptive Mother's level of education:
(a)	Name: First Name Middle Name Last Name			
(b)	Aadhaar No. (if available):	,	2 17.	Adoptive Father's Occupation:
(c)	Mobile No:	2.	['''	Adoptivo i utiloi o occupationi.
(d)	Modile No.	ě	3	
6.		2 diagonal	18.	Adoptive Mother's Occupation:
(a)	Details of adoption deed / order:- Date: D D - M M - Y Y Y Y	2	5	
(b)		5	5	
	Number of Adoption deed / order:	. .		
7.	Adoptive Mother's Details:-		5	
(a)	Name: First Name Middle Name Last Name	t	5	
(b)	Aadhaar No. (if available):	<u>ئ</u>	2	
(c)	Mobile No:	for statistical	[
(d)	Email Id:			
8.	Adoptive Father's Details:-	2]	
(a)	Name: First Name Middle Name Last Name	7	;	
(b)	Andhaar No. (if a vailable)	podoctop		
(c)	Aadhaar No. (if available):	7		
(d)	Mobile No:	7	ξ	
	Email Id:	9		
9.	Address of adoptive parents as recorded in Adoption deed / order: House No:	2	2	
	Locality: Ward number (in case of town and if available):	1	-	
	Town or Village: Sub-district: District:			
	State or Union Territory: PIN Code:			
10.	Permanent address of adoptive 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:			
	Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the '			
11*.				
11*.	Institution" or the address of the "House" or 'Other place" where the birth took place):			
11*.	Institution" or the address of the "House" or 'Other place" where the birth took place): 1.Hospital / Institution Name:			
11*.	Institution" or the address of the "House" or 'Other place" where the birth took place): 1.Hospital / Institution Name:			
11*.	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:			
11*.	Institution" or the address of the "House" or 'Other place" where the birth took place): 1.Hospital / Institution Name:			
11*.	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:			
11*.	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. Ward number (in case of town and if available): Sub-district: Town or Village: District:			
	Institution" or the address of the "House" or 'Other place" where the birth took place): 1. Hospital / Institution			
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	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: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available):			
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12. 13. (a) (b) (c)	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:			
12. 13. (a) (b) (c) (d)	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:			
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13. (a) (b) (c) (d) (e) DECL penaltifalse i benefii (After inform Date: Regist Regist	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: State or Union Territory: PIN Code:		District Sub-Dist	To be filled by the Registrar Name Code No.
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13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After inform Date: Regist Regist Regist Town in the control of the cont	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details: Name: First Name Address: House No: Locality: Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: Distri		District Sub-Dist Town/Vill Registratio	To be filled by the Registrar Name Code No. rict age: n Unit: Registration No.:
12. 13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After i inform Date: Regist Regist Regist Town i District	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Address: House No: Locality: Ward number (in case of town and if available): Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District		District Sub-Dist Town/Vill Registratio	To be filled by the Registrar Name Code No. rict age: n Unit: Registration No.: n Date: D D - M M - Y Y Y Y
12. 13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After i inform Date: Regist Regist Regist Town i District	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details: Name: First Name Address: House No: Locality: Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: Distri		District Sub-Dist Town/Vill Registratio Registratio	To be filled by the Registrar Name
12. 13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After i inform Date: Regist Regist Regist Town i District	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Address: House No: Locality: Ward number (in case of town and if available): Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District		District Sub-Distr Town/Vill Registratio Registratio Date of Bin	To be filled by the Registrar Name
12. 13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After i inform Date: Regist Regist Regist Town i District	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Address: House No: Locality: Ward number (in case of town and if available): Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District		District Sub-Dist Town/Vill Registratio Registratio Date of Bin Sex: Male	To be filled by the Registrar Name
12. 13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After i inform Date: Regist Regist Regist Town i District	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Address: House No: Locality: Ward number (in case of town and if available): Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District		District Sub-Distr Town/Vill Registratio Registratio Date of Bin	To be filled by the Registrar Name
12. 13. (a) (b) (c) (d) (e) DECL penaltifalse i benefit (After i inform Date: Regist Regist Regist Town i District	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. Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Address: House No: Locality: Ward number (in case of town and if available): Mobile No: Email Id: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District		District Sub-Dist Town/Vill Registratio Registratio Date of Bin Sex: Male	To be filled by the Registrar Name

Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD

Item No.			Instr	uctions		
1, 6	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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.					
2	Enter "Male"	or "Female" o	r "Transgender Pe	rson". Do not use abbrevia	ation.	
3,4,5,7,8,13	name] where	full name (r here should l	not abbreviation) to	in the format of [first nan o be written in capital let haracters in either [first n	tters and first name is	
9,10,11,12,13	district, Towr number and I	n or Village, \ PIN Code.	Ward number (in	e name of State or Union case of town and if avai		
15,16	1.Pre-	6.Class 5	one of following— 11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education	
	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	
	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		
	4.Class 3	9.Class 8	14.ITI	19. M.Phil		
	5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above		
			of education e.g. i	f studied upto class VII bu	it passed only class VI,	
17,18	write class VI) Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker					

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

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

FORM NO.2 (See rule 5) DEATH REPORT Statistical information [SEE REVERSE FOR INSTRUCTIONS] 1 to be detached and sent for statistical proce

	This part to be added to the Death Register	-	111	Its part to be detached and sent for statistical processing To be filled by the informant
1. 2. (a) (b) (c) (d)	To be filled by the informant Date of Death DDD-MMM-YYYYY Deceased's Details:- Name: First Name Middle Name Last Name Aadhaar No. (if available): DDD-MM-YYYYY Age:		11.	To be filled by the informant Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
3. 4. (a)	Sex (Enter "Male" or "Female" or "Transgender person"): Mother's Details:- Name: First Name Middle Name Last Name		12.	Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):
(b)	Aadhaar No. (if available): Mobile No:		13.	Occupation of the deceased:
(d) 5. (a) (b) (c)	Email Id: Father's Details:- Name: First Name Middle Name Last Name Aadhaar No. (if available):	sent for statistical processing	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
(d) 6.	Mobile No: Email Id: Sequence (hyphenyl / wife) Detaile:	istical p	15.	Was the cause of death medically certified? (Tick the appropriate entry below): 1.Yes 2. No
(a) (b) (c)	Spouse's (husband / wife) Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Date of Birth (if availa	nt for stat	16.	Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not) :
(d) (e) (f) 7.	Age (in completed years): Mobile No:	and	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
	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:	be detached	18.	If used to habitually smoke – for how many years?
8.	Permanent address of the deceased: House No: Locality: Ward number (in case of town and if available):	Tob	19.	If used to habitually chew tobacco in any form – for how many years?
9.	Town or Village: Sub-district: District: State or Union Territory: PIN Code: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		20.	If used to habitually chew arecanut in any form (including pan masala) -
3.	of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place): 1.Hospital / Institution Name:		21.	for how many years? If used to habitually drink alcohol - for how many years?
	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. (a) (b)	Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name			
(c) (d)	Mobile No: Email Id: Address: House No.:			
(e)	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District:			
aware	State or Union Territory: PIN Code:			
Delive identity	ry of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not			
availal (After				
Date		(C	Columns	to be filled are over. Now put signature at left)
	To be filled by the Registrar			To be filled by the Registrar
Regist	ration No. :		1	Name Code No.
	ration Date: DD - MM - Y Y Y Y		Distr	
	ration Unit:			District n/Village:
Sub-D	/ Village:			ration Unit :
Distric			Regist	tration No. :
	rks (if any):		Regist	ration Date:
	of Death (as per Form 4 / 4A):			of Death: DD - MM - YYYY
				Male / Female / Transgender person
				f deceased: of death: 1. Hospital/Institution 2. House 3. Other place
	Name and Signature of the Registrar			Name and Signature of the Registrar
				<u> </u>

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other
	numerical entries.
2,4,5,6,10	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. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	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.
7,8,9,10	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.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper
	9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO.3 (See rule 5)

STILL BIRTH REPORT

Legal information [SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Still 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			To be filled by the informant
1.	Date of Birth : D D - M M - Y Y Y Y		7.	Town or village of Residence of the mother (Place
2.	Sex (Enter "Male" or "Female" or "Transgender person"):			where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate
3.	Father's Details:-			entry "Town" or "Village" and write its name):
(a)	Name: First Name Middle Name Last Name			Town or Village: Sub-district: District: State or Union Territory:
(b)	Aadhaar No. (if available):			PIN Code:
(c)	Additional No. (II available).			
(d)	Email Id:		8.	Age of the mother (in completed years) at the time
4.	Mother's Details:-			of this birth :
(a)	Name: First Name Middle Name Last Name			
(b)	Aadhaar No.(if available):		9.	Mother's level of education:
(c)	Mobile No:	б	10.	Type of attention at delivery (Tick the appropriate entry
(d)	Email Id:	sin	10.	below):
I hav	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: District: Informant's Details: Name: First Name Middle Name Last Name Aadhaar No. (if available): 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: District: State or Union Territory: ARATION: Ver furnished true information to the best of my knowledge and belief. I am aware of the es under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery)	To be detached and sent for statistical processing	11.	1. Institutional-Government 2. Institutional – Private or Non-Government 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives or others Duration of pregnancy (in weeks): 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.)
of Fina way of	ncial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by Aadhaar authentication.			
	completing all columns 1 to 12, ant will put date and signature)			
Date:	O.g. actail Co.	(C	olumns to	b be filled are over. Now put signature at left)
	left thumb mark of the informant			_
	To be filled by the Registrar			To be filled by the Registrar
Pogist	ration No.			Name Code No.
_	ation No. : ation Date:		Distric	
	ation Unit:		Sub-D	District
Town /	Village:		Town/	Village :
Sub-Di	strict:			
District			_	ation Unit:
Remar	ks (if any):		_	ation No. :
			•	ation Date: DD - MM - YYYY
			Date of	
				lale / Female / Transgender person f Birth: 1. Hospital/Institution 2. House 3. Other place
			i iace u	2. House 3. Other place
	N 18 1 2 1			
	Name and Signature of the Registrar			Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions							
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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.							
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.							
3,4,6	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. There should be minimum two characters in either [first name] or [middle name] or [last name].							
5,6	Town or Village Code.	ge, Ward num	ber (ir	n case of tow			itory, District, Sub-district, , House number and PIN	
5	For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place.						he "House" or 'Other	
7	Town or Villa	ge of residen	ce of				sually lives. This can be ss is not required to be	
9	Level of Educ 1.Pre- Primary	ation – Write o		following— lass 10	16. Bachelor / Undergraduate		21. Literate without formal education	
	2.Class 1	7.Class 6	12 C	lass 11	17. PG Diploma		22. Illiterate	
	3.Class 2	8.Class 7		lass 12	18. Master graduate	/ Post	ZZ. IIIIterate	
	4.Class 3	9.Class 8	14.IT	1	19. M.Phil			
	5.Class 4	10.Class 9		iploma / ficate	20. Doctorate &	above		
	(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)							
12.			e one			40 1-4	diamin the model on	
		(Hamorrhage)	Parvov				ction in the mother us B19	
	2. Problems	with Placental		8. Infection Coxsackie v	in the mother rirus			
	3. Problem v	vith umbilical c	ord	9. Infection Herpes sim	in the mother plex			
	4. Pre-eclam	psia			n in the mother		tion in the mother Flu	
	5. Genetic pl	hysical defect	in		n in the mother		ction in the mother	
		rder in the mot	her		ease Toxoplamosis ion in the mother 18. Not stated			

Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

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

Sex If 1 year or more, age in years If less than 1 year, age If less than one month, age in hours		- Y Y Y Y	atA.M. / I	P.M.		
If less than one month, age in years in month age in less than one month, age in days in hours Cause of Death		D : First Name	Middle Name La	ast Name		For use of Statistical Office
I. Male 2. Female 3. Transgender person CAUSE OF DEATH I	Sex					
1. Male 2. Female 3. Transgender person CAUSE OF DEATH 1. 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 (c)						
CAUSE OF DEATH It	1 Mala	age in years	ın monun	age in days	in nours	
CAUSE OF DEATH Interval between onset and death approx. Interval betwe						
CAUSE OF DEATH Interval between onset and death approx. Interval between onset and teath approx. Interval between onset and death approx. Interval betwe						
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 (c)						
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 (c)	CAL	ISE OF DEATH				
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 (c)					and death approx.	
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause (b)	I					
caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause (b)		e injury or complic		as a consequences of)		
failure, asthenia, etc. Antecedent cause (b)						
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last (c)						
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last (c)	A		(1-)			
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last (c)	Antecedent cause					
II Other significant conditions contributing to the death but not related to the disease or condition causing it Imner of Death How did the injury occur? Natural 2. Accident 3. Suicide 4. Homicide Pending investigation Receased was a female, was pregnancy the death associated with? 1. Yes 2. No Name and signature of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certifying the cause of death associated with the contribution of the Medical Attendant certification of the Medical Attendant certification of the Medical Attendant certification of the Medical Attendant	Morbid condition	s, if any, giving rise	,	us a consequences or)		
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MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: 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. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

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 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 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 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 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 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 legibly 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 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, 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 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'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

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 Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

					resident
oi	w	as under my treatment from	1 to	and he/sl	ne died
on DD-M	M - Y Y Y	Y atA.	M. / P.M.		
NAME OF DECEASE	ED: First Name	Middle Name L	ast Name		
			ge at Death		
Sex	If 1 year or more,	If less than 1 year, age	If less than one month,	If less than one day, age	For use of Statistical Office
	age in years	in month	age in days	in hours	
1. Male					
2. Female					
3. Transgender					
Person					-
CAI	USE OF DEATH			Interval between onset	
<u> </u>	<u> </u>			and death approx.	
I		(a)			
Immediate cause			or as a consequences of)		
	se, injury or complic				
	ot the mode of dying s	uch as heart			
failure, asthenia,	etc.				
Antecedent cause		(b)			
			or as a consequences of)		
	ns, if any, giving rise		•		
cause, stating un	derlying conditions las	t			
		(c)			
II		(6)			
	nditions contributing	to the death			
but not related to the	disease or condition ca	nusing it			
If deceased was a fer	nale, was pregnancy th	e death associated with?	1. Yes 2. No		
	elivery? 1. Yes 2. N				
		<u> </u>		<u> </u>	
Name and signature of the Medical Practitioner certifying the cause of death					
Traine and signature of the Medical Fractitioner certifying the cause of death					
Date of verification:					
		SEE REV	ERSE FOR INSTRUCTION	S	

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

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 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 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 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 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 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 legibly 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 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, 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 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.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



सं. No.		Form-5
State Govt. Emblem	सरकार GOVERNMENT OF	S .

जन्म प्रमाण-पत्र BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में सं नाम)जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, वर्ष)के नियम 8 / 13 के अंतर्गत जारी किया गया) (Issued under Section 12 / 17 of the Registration of B	(संशोधित नियम को अधिसूचित किए जाने का
2023) and Rule 8 / 13 of the (Name of State)	Registration of Births and Deaths
यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म वे 	
जिलाराज्य	क राजस्टर म उल्लिखित ह ।
This is to certify that the following information has been t the register for (local area/local body)of Sta	of Sub-district
नाम/Name:	
लिंग/Sex	
जन्म तिथि/Date of Birth	
जन्म स्थान/Place of birth	
माता का नाम/Name of Mother	
माता का आधार न॰ /Aadhaar No. of Mother:	X X X X X
पिता का नाम/Name of Father	
19(11 97) OTIGIT 118 / Adultati 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:
Address of parents at the time of birth of the child.	remailent address of parents.
	दिनाँक/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





सं.**No.**

State Govt. **Emblem**

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OVERNIMENT OF	-

GOVERNMENT OF

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



मत्य प्रमाण पत्र

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		शोधित) की धारा 12 / 17 तथा(राज्य का	
		(संशोधित नियम को अधिसूचित किए जाने का	
वर्ष)के नियम 8 / 13 के अंतर्गत ज		rths and Dooths Act 1060 (amonded in	
		rths and Deaths Act, 1969 (amended in Registration of Births and Deaths	
(Amendment) Rules (Year of noti			
यह प्रमाणित किया जाता है कि निम्नलिखि	व्रत सूचना मृत्यु के	5 मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र	₽)
	उप -जिला		
C	<u> </u>	के रजिस्टर में उल्लिखित है।	
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		taken from the original record of death whic	
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∃III /Nome:			
नाम/Name:	V V	X	
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मृत्यु की तिथि/Date of Death			
मृत्यु का स्थान/Place of Death			
माता का नाम/Name of Mother			
माता का आधार न॰ /Aadhaar No. of Moth	VVVV		
पिता का नाम/Name of Father			
पिता का आधार न。/Aadhaar No. of Fathe			
पति/पत्नी का नाम/Name of Husband / Wi	fe		
पति/पत्नी का आधार न。/Aadhaar No. of I		X X X X X X X X X X	
मृतक का मृत्यू के समय का पता/	idobaria / Triro.	मृतक का स्थायी पता/	
Address of the deceased at the time of de	eath: Perm	anent address of the deceased:	
····	<u> </u>	-	
पंजीकरण संख्या/Registration No :	पजाकरण ।दना	h/Date of Registration	
टिप्पणी/Remarks (if any)			
जारी करने की तिथि/Date of issue:	0 0 1		
		ताक्षर/Signature of the issuing authority	
	प्राधिकारी का प	বা/ Address of the issuing authority	
	TICA (COO		

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: First Name Middle Name Last Name				
(b)	Aadhaar No. (if available):				
4.	Father's Details:-				
(a) (b)	Name: First Name Middle Name Last Name				
(c)	Aadhaar No. (if available):				
(d)	Mobile No:				
5.	Mother's Details:-				
(a)	Name: First Name Middle Name Last Name				
(b) (c)	Aadhaar No. (if available):				
(d)	Mobile No:				
(4)	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:				
9.	State or Union Territory: PIN Code:				
(a)	Name: First Name Middle Name Last Name				
(b) (c)	Aadhaar No. (if available):				
(d)	Mobile No:				
(e)	Email Id: 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:				
	ARATION: we furnished true information to the best of my knowledge and belief. I am aware of the penalties				
under s	section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting				
	information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other lies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar				
authent	tication.				
	completing all columns 1 to 23, ant will put date and signature)				
Date:	D D - M M - Y Y Y Signature or				
	left thumb mark of the informant				
	To be filled by the Registrar				
Registra	ation No. :				
•	ation Date: DDD-MMM-YYYYY				
Registra	ation Unit :				
	Village:				
Sub-Dis					
District:	: ks (if any):				
remark	λο (II αΙΙ <i>γ)</i> .				
	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 DDD-MM-YYYYY	
2.	Deceased's Details:-	
(a)	Name: First Name Middle Name Last Name	
(b)	Aadhaar No. (if available):	
(b)	Date of Birth (if available):	
(c)	Age:	
(d)	Sex (Enter "Male" or "Female" or "Transgender person"):	
3.	,	
4.	Mother's Details:- Name: First Name Middle Name Last Name	
(a)		
(b)	Aadhaar No. (if available):	
(c)	Mobile No:	
(d)	Email ld:	
5.	Father's Details:-	
(a)	Name: First Name Middle Name Last Name	
(b)	Aadhaar No. (if available):	
(c)	Mobile No:	
(d)	Email ld:	
6.	Spouse's (husband / wife) Details:- Name: First Name Middle Name Last Name	
(a)		
(b)	Aadhaar No. (if available):	
(c)	Date of Birth (if available): Age (in completed years): D D D - M M - Y Y Y Y Y Age (in completed years):	
(d)	Age (in completed years): Mobile No:	
(e)	Email Id:	
(f)		
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:	
	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 death took	
	place): 1.Hospital / Institution Name:	
	·	
	Coality: Ward number (in case of town and if available): Address: House No: Under Place Address: House No: Ward number (in case of town and if available):	
	,	
	Town or Village: Sub-district: District:	
40	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
10.	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:-	
(a)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name	
(a) (b)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available):	
(a) (b) (c)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No:	
(a) (b) (c) (d)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id:	
(a) (b) (c)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available):	
(a) (b) (c) (d)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Mobile No: Last Name Email Id: Address: House No.: Locality: Ward number (in case of town and if available):	
(a) (b) (c) (d)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available):	
(a) (b) (c) (d) (e)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Mobile No: Email Id: 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:	
(a) (b) (c) (d) (e)	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Mobile No: Email Id: 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:	
(a) (b) (c) (d) (e) DECLA aware c 2023) f	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
(a) (b) (c) (d) (e) DECLA aware c 2023) f Financia	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Last Name Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Mobile No: Last Name Email Id: 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: Last Name ARATION: I have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of all and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Last Name Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Mobile No: Last Name Email Id: 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: Last Name ARATION: I have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of all and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financi Aadhaa	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia Aadhaa	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Mobile No: Email Id: 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: State or Union Territory: PIN Code: State or Union Territory: PIN Code: The Nowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of all and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication. The Nowledge and information, the detail of Aadhaar of the deceased is not available.	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia Aadhaa	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financi Aadhaa To tt (After of informa	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Last Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name 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: Last Name ARATION: I have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of al and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication. The best of my knowledge and information, the detail of Aadhaar of the deceased is not available. Completing all columns 1 to 21, and will put date and signature)	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financi Aadhaa To tt (After of informa	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financi Aadhaa To tt (After of informa Date:	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Last Name Aadhaar No.(if available): District: Email Id: 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: District: State or Union Territory: PIN Code: Maration of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of al and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication. To be filled by the Registrar To be filled by the Registrar	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia Aadhaa To tt (After of informa Date:	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available):	
(a) (b) (c) (d) (e) DECLA aware of 2023) frinanci Aadhaa To the (After of informa Date: Registra Registra	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
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(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia Aadhaa To tt (After of informa Date: Registra Registra Registra	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: 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: State or Un	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia Aadhaa To tt (After of informa Date: Registra Registra Registra	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: 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: Information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of al and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication. To be filled by the Registrar ation No.: ation No.: ation Date: To be filled by the Registrar ation Unit:	
(a) (b) (c) (d) (e) DECLA aware of 2023) f Financia Aadhaa To tt (After of informa Date: Registra Registra Registra Remark	Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: 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: State or Un	
(a) (b) (c) (d) (e) DECLA aware of 2023) frinancia Aadhaa To tt (After of informa Date: Registra Registra Registra Registra Remark	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	
(a) (b) (c) (d) (e) DECLA aware of 2023) frinancia Aadhaa To tt (After of informa Date: Registra Registra Registra Registra Remark	Town or Village: Sub-district: District: State or Union Territory: PIN Code:	

FORM NO.9

(See rule 12)

STILL BIRTH REGISTER

Legal information
This part to be added to the Still Birth Register

	The Country of the Co					
	To be filled by the informant					
1.	Date of Birth : D D - M M - Y Y Y Y					
2.	Sex (Enter "Male" or "Female" or "Transgender person"):					
3.	Father's Details:					
(a)	Name: First Name Middle Name Last Name					
(b) (c)	Aadhaar No. (if available):					
(d)	Mobile No: Email Id:					
4.	Mother's Details:-					
(a) (b)	Name: First Name Middle Name Last Name					
(b) (c)	Aadhaar No. (if available):					
(d)	Mobile No: 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) (b)	Name: First Name Middle Name Last Name					
(c)	Aadhaar No. (if available):					
(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:					
the Registrat under Aadha identity by wa (After comple						
Date: D	D - M M - Y Y Y Y Signature or					
1	left thumb mark of the informant					
•	To be filled by the Registrar					
Registration	No. :					
Registration Registration						
Town / Villag	e:					
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 Act, 1969 (amended in 2023))

This is to certify that a search has been made on the request of
Shri/Smt./Kumson/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: dd-mm-yyyyy
Signature of issuing authority
Seal

FORM No. 11 (See rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1.	Report for t	the Month of:	Year :	
2.	District:			
3.	Town/ Villa	ge:		
4.	Registration	n Unit:		
5.	Number of	Births Registered d	uring the month:	
	Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)
6.	(a) Within T (b) More th (c) More th (d) After on Total* (a +	an 30 days but with ne year of their occu b + c + d):	in 30 days of their occurre in one year of their occurre rrence:	ence:
* (Fo		ld be equal to the nuther help the second help	umber of statistical part of ly report.	Birth Report Forms
			Si	ignature and Name of the Registrar

Submitted to the Chief Registrar/District Registrar

Date:

FORM No. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

1	Report for the Month of:	Voor	
Ι.	Report for the Month of.	Year	

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- 5. Details of Deaths Registered during the Month:

Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths)			Infants Deaths (Age less than one year) Child Deaths (Age one year or more but less than five years)			Maternal Deaths						
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total	

- 6. Time Gap in Death registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

Note: Infant and Child Deaths & Maternal Deaths should also be included in the Deaths.

* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature and Name of the Registrar

Date: d d - m m - y y y

Submitted to the Chief Registrar/District Registrar

FORM No. 13 (See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1.	Report for the Month of:	Year:

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- 4. Number of Still Births Registered during the month:

Male	Female	Transgender Person (3)	Total*
(1)	(2)		(1+2+3)

- 5. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

Signature and Name of the Registrar

Date: d d - m m - y y y y

Submitted to the Chief Registrar/District Registrar

Form No. 14 (See rule 9)

Format of Self-attested document for <u>Delayed Reporting of BIRTH / DEATH</u> under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023) DECLARATION

I	,son/daughter/wife	of
		do
hereby declare that:		
nereey decide that.		
1 I am the informant for the delever	d reporting of Birth / Death of(nat	mo of child /
o II (1 1 (1 1 (1 1	on/daughter/spouse of	,
	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
o. This is not offer it down	continued is required for the	purpose or
DECLARATION:		
	:- 4 1 1 1 1 411	
<u> </u>	is true and I have not reported the above	•
· ·	ate has been issued in this respect, to th	e best of my
knowledge and belief.		
	Name an	d Signature or
	thumb mark of	f the informant
	Date DD-MM	- 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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. 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. There should be minimum two characters in either [first name] or [middle name] or [last name].
- 3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Subdistrict, 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 Act, 1969 (amended in 2023))

			r der of: Regis r (details of off				icer authorized to
State	District	Sub- District	Village/Town	Locality	RU ID	N Registrar / I any officer as Regi	ame of Distt. Registrar or authorized to act strar / District egistrar
			appeal with d he occurrence				
DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief.							
(Signature of the appellant)							
Date DD - MM - YYYY Appellant details:							
Name		Address		dhaar no.	E	Email Id	Mobile No.
 3. 4. 	Appeal, if a 30 days from aggrieved. Date, when written in January tw for recordi Name, wh [last name is m [middle na Address, w. Sub-district	any, must be surthe date of such the date of such the words it shown thousand two thousand two therever it occurs where full nandatory. The me or [last nate of the words of the	ch action or re is to be providuo digits and uld be written venty three. Use other numerica rs, is to be providume (not abbite re should be re ame]. urs, shall contal	strict Regiss ceipt of suc ded in dd-n yyyy is ye in full e.g e only 'Aral l entries. vided in th reviation) to ninimum ty	trar / Ch ch order nm-yyyy car in fo o 01-01-2 bic nume e format o be wri vo chard	with which the format, where ur digits Whe 2023 shall be rals' such as the fof [first name itten in capital acters in either the or Union Town and if avoice the word and if avoice which we have the or Union Town and if avoice with the or Union Town and I will be the or Union Town	within a period of the person is being and is date in two erever the date is written as First 0,1,2,3,4,5,6,7,8,9 and first ar [first name] or cerritory, District, ailable), Locality,
				~			
Secretary to the Government of							