Ensuring Registration of Every Birth and Death

Registration forms should also be collected in death reporting forms. The specimen of the column of the UID number of the deceased and spouse (if deceased is not married) should be attached. The specimen of the UID number of the other parent (parents) in the reporting forms should also be collected. A column of the UID number of the other parent (parents) in the reporting forms should also be collected. A column of the UID number of the other parent (parents) in the reporting forms should also be collected. A column of the UID number of the other parent (parents) in the reporting forms should also be collected.

In view of the above, you are requested to revise the birth, death, and still birth office letter even no dated 28.10.2014 (copy enclosed). Office letter even no dated 28.10.2014 (copy enclosed).

To achieve linkage between the CRS and NPR/Adhaar, unique identification number (UID) number bearing the person's authentication information need to be collected in birth and death reporting forms. Unique Identification (UID) number bearing the person's authentication information need to be collected in birth and death reporting forms.

The CRS software through which the birth is due to O. D. No. 2/2013-05A (CRS) and the NPR/Adhaar through which the death is due to O. D. No. 2/2013-05A (CRS). The sheets were attached to the office letter even no dated 28.10.2014.

As you are aware, Civil Registration System (CRS) software has been developed for inclusion of the column of UID number in birth/death and still birth reporting forms. 

**SUB: Inclusion of the column of UID number in birth/death and still birth reporting forms**

**CIRCULAR**

**Date: 07-11-2014**

**Ref.: 2610412**

**V. S. Division, West Block-I, R.K. Puram, New Delhi - 110066**

**Office of the Registrar General, India**

**Ministry of Home Affairs**

**Government of India**

**No. 1/12/2014-05A (CRS)**

**Speed Post**
4. You are requested to initiate the action to amend the relevant rule and ensure that

5. Further, it is also clarified that in order to implement the CRS software efficiently,
respective forms. Necessary steps in this regard may kindly be taken on priority basis.

Necessary permission as required under Section 30(1) of the RBD Act, 1969 is granted to amend the
inclusion of aforesaid column in forms number 1, 2 and 3. In this connection, necessary

Ensure Registration of Every Birth and Death

Deputy Registrar General (CRS) (P.A. Min)

[Signature]

Copy forwarded to the concerned DCO with the request to take up the matter with the

Chief Registrar

Date: 07-11-2014

No. 1/12/2014- VS (CRS) New Delhi

To

The Chief Registrar of Births and Deaths

End. Revised reporting forms

Registrar General, India

(c Chandramouli)

Yours faithfully

[Signature]
FORM NO.1

BIRTH REPORT

Legal Information

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)
    UIN No of Father: (if any)
Name of the mother:
    (Full name as usually written)
    UIN No of Mother: (if any)
5. Address of parents at the time of Birth of the Child
6. Permanent address of parents:
7. Place of birth: (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)
    1. Hospital/Institution Name & Address:
    2. House Address:
7. Address:
8. Others:
9. Informant's name:
    Address:

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

Date: ____________________________  Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.: ____________________________
Registration Date: ____________________________
Town/Village: ____________________________
Remarks: (if any) ____________________________

Name and Signature of the Registrar

Statistical Information

To be filled by the informant

10. Town or Village of Residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. 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:
11. Religion of the Family: (Tick the appropriate entry below)
    4. Any other religion: (Write name of the religion)
12. 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)
13. 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)
14. Father's occupation:
    (If no occupation write 'Nil')
15. Mother's occupation:
    (If no occupation write 'Nil')
16. Age of the mother (in completed years) at the time of marriage:
    (If married more than once, age at first marriage may be entered)
17. Age of the mother (in completed years) at the time of this birth:
18. Number of children born alive to the mother so far including this child:
    (Number of children born alive to include also those from earlier marriages, if any)
19. Type of attendance 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
20. Method of Delivery: (Tick the appropriate entry below)
    1. Natural
    2. Caesarean
    3. Forceps/Vacuum
22. Duration of pregnancy (in weeks):

FORM NO.1

(Columns to be filled are over. Now put signature at left)
## FORM NO.2 DEATH REPORT

### Legal Information

This part to be added to the Death Register

### Statistical Information

This part to be detached and sent for statistical processing

### 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
   - UID No. of deceased (if any)
3. Sex of the deceased: (Enter "Male", "Female"
   - do not use abbreviation)
4. Name of Mother:
   - UID No. of Mother (if any)
5. Name of Father:
   - UID No. of Father (if any)
6. Name of husband/wife:
   - UID No. of husband/wife (if any)
7. Age of the deceased: (If deceased was over 1 year of age, give age in completed years. If below 1 year, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
8. Address of the deceased at the time of death:
9. Permanent address of the deceased:
10. Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location)
   - Hospital/Institution Name & Address:
   - House
   - Others:
11. Occupation of the deceased:
   - (If no occupation write "Not")
12. Type of medical attention received before death: (Tick the appropriate entry below)
   - Institutional
   - Medical attention other than institution
   - No medical attention
13. Disease or actual cause of death: (Tick the appropriate entry below)
14. Was the cause of death medically certified?: (Tick the appropriate entry below)
   - Yes
   - No
15. In case this is a female death, did the death occur within 6 weeks after the end of pregnancy? (Tick the appropriate entry below)
   - Yes
   - No

### To be filled by the Registrar

1. Registration No.: (Columns to be filled as per column 1 to 21, informant will put date and signature here)
2. Registration Date:
3. Town/Village:
4. District:
5. Remarks: (If any)

### To be filled by the Registrar

1. Name:
2. Code No.:
3. Registration No.:
4. Registration Date:
5. Sex: 1. Male 2. Female
6. Date of Death:
7. Age: Years/months/weeks/days/hours
8. Town/Village:
10. Name and Signature of the Registrar
# STILL BIRTH REPORT

**Legal Information**

This part to be added to the Still Birth Register

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Town</th>
<th>Registration Unit No.</th>
<th>Ezngggémg</th>
<th>zzgfiezate</th>
<th>gffngngo</th>
<th>pl'gg</th>
<th>132&quot;</th>
</tr>
</thead>
</table>

To be filled by the informant

1. Date of Birth: (Enter the exact day, month and year e.g. 1-1-2000)
2. Sex: (Enter 'Male' or 'Female') (Do not use abbreviation)
3. Name of the father: (Full name as usually written) UID No. of father (if any)
4. Name of the mother: (Full name as usually written) UID No. of mother (if any)
5. Place of birth: (Enter the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)
   - 1. Hospital/Institution Name & Address:
   - 2. House Address:
   - 3. Others:
6. Informant's name:
   - Address:

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

Date | Signature or left thumb mark of the Informant

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**Statistical Information**

To be filled and sent for statistical processing

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:
8. Age of the mother (in completed years) at the time of this birth:
9. Mother's level of education:
   - (Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)
10. Type of attention at delivery: (Tick the appropriate entry below)
    - 6. Institutional - Government
    - 7. Institutional - Private or Non-Government
    - 8. Doctor, Nurse or Trained midwife
    - 9. Traditional Birth Attendant
    - 10. Relatives or others
11. Duration of pregnancy: (in weeks)
12. Cause of foetal death: (if known)

(Case is to be filled in a separate form for each child and write 'Twin birth' or 'Triplet birth' etc., as the case may be, in the remarks column in the box below left.)

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**FORM NO.3**

(See Rule 5)

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**FORM NO.3**

STILL BIRTH REPORT FORM