

# Andhra Pradesh Registration of Births and Deaths Rules, 1999

ANDHRA PRADESH

India

## Andhra Pradesh Registration of Births and Deaths Rules, 1999

### Rule

### ANDHRA-PRADESH-REGISTRATION-OF-BIRTHS-AND-DEATHS-RULE of 1999

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Andhra Pradesh Registration of Births and Deaths Rules, 1999Published vide Notification G.O.Ms.No. 655, Health, Medical and Family Welfare Department, dated 29-12-1999In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (No. 18 of 1969) the Governor of Andhra Pradesh with the approval of the Central Government hereby, makes the following Rules, namely:

#### 1. Short title:

(1)These rules may be called Andhra Pradesh Registration of Births and Deaths Rules, 1999.(2)They shall come into force with effect from 1-1-2000 through notification in the A.P. Gazette.(3)These rules will replace the A.P. Registration of Births and Deaths Rules, 1977 and all its subsequent amendments notified from time to time.

#### 2. Definitions:

- In these rules, unless the context otherwise requires:(a)"Act" means the Registrati on of Births and Deaths Act, 1969(b)"Form" means a form appended to these rules; and(c)"Section" means a section of the Act.

#### 3. Period of gestation:

- The period of gestation for the purpose of clause (g) of sub-section (1) of Section 2 shall be twenty-eight weeks.

#### **4. (a) Submission of report under Section 4(4):**

- The report under sub-section (4) of Section 4 shall be prepared in the prescribed format appended to these Rules and shall be submitted along with the statistical report referred to in sub-section (2) of Section 19, to the State Government, by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates. (b) Registrar's office arrangements during his absence:- (1) The office of the Registrar may be in his place of residence or business or such other place as may be designated by him. (2) If, for any reason, the Registrar is absent during the hours referred to in sub-section (4) of Section 7, he shall authorise another person to receive information in Form 1, Form 2, and Form 3. (3) In case the Sub-Registrar in a Municipality or Municipal Corporation or Cantonment or Industrial Project Area is unable to attend to his duties for more than 2 days on account of illness or other urgent causes he shall report the fact to the Registrar who shall at once make temporary arrangements for the performance of the duties of the Sub-Registrar. Any person thus temporarily appointed shall have all powers and perform all the duties of Sub-Registrar appointed under Section 7. (4) In case the Registrar in any other area is unable to attend to his duties for more than two days on account of illness or other urgent cause, he shall report the fact to the nearest M.R.O. in case of the V.A.O. and to D.P.O. in case of Executive Officer of the panchayat and that officer shall at once make temporary arrangements for the performance of the duties of the Registrar. Any person thus temporarily appointed shall have all powers and perform all the duties of the Registrar appointed under Section 7.

#### **5. Form, etc. for giving information of births and deaths under Sections 8 & 9:**

(1) The information required to be given to the Registrar under Section 8 or Section 9 as the case may be, shall be in Form Nos. 1, 2 & 3 for the registration of a birth, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thumb impression of the informant obtained. (2) The part of the reporting forms containing legal information shall be called the "Legal Part" and the part containing statistical information shall be called the "Statistical Part". (3) The information referred to in sub-rule (1) shall be given within twenty one days from the date of birth, death and still birth in rural and urban areas.

#### **6. Birth or Death in a Vehicle:**

(1) In respect of a birth or death in a moving vehicle, the person in charge of the vehicle shall give or cause to be given the information under sub-section (1) of Section 8 at the first place of halt. Explanation:- For the purpose of this rule the term "Vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, a boat, a ship, a railway carriage, a motor-car, a motor-cycle, a cart, a tonga and a rickshaw. (2) In the case of deaths (not falling under clauses (a) to (e) of sub-section (1) of Section 8 in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section (1) of Section 8.

## **7. Form of certificate under Section 10(3):**

- The certificate as to the cause of death required under sub-section (3) of Section 10 shall be issued in Form No. 4 or 4A in respect of Institutional and non-Institutional deaths respectively and the Registrar shall, after making necessary entries in the register of deaths forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

## **8. Extract of registration entries to be given under Section 12:**

(1)The Extracts of particulars from the register relating to births or deaths to be given to an informant under Section 12 shall be in Form No. 5 or Form No. 6, as the case may be.(2)In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of Section 8 which are reported direct to the Registrar of births and deaths, the head of the house or house-hold as the case may be, or, in his absence, the nearest relative of the head present in the house may collect the extract of birth or death from the Registrar within thirty days of its reporting.(3)In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of Section 8 which are reported by persons specified by the State Government under sub-section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar of births and deaths to the concerned head of the house or household as the case may be or in his absence, the nearest relative of the head present in the house within thirty days of its issue by the Registrar.(4)In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of Section 8, the nearest relative of the new born or deceased may collect the extract from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth or death.(5)If the extract of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

## **9. Authority for delayed registration and fee payable therefor under Section 13:**

(1)Any birth or death of which information is given to the Registrar after the expiry of the period specified in Rule 5(3), but within thirty days of its occurrence, shall be registered on payment of a late fee of rupees two.(2)Any birth or death of which information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the officer prescribed in this behalf and on payment of a late fee of rupees five.In rural areas the Mandal Revenue Officer, in other areas the concerned Registrar will permit Registration of Births and Deaths after 30 days and below one year.(3)Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of a Magistrate of the First Class (R.D.O. & above rank) or a Presidency Magistrate and on payment of late fee of rupees ten.

## **10. Period for the purpose of Section 14:**

(1) Where the birth of any child had been registered without a name, the guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing: Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years, which shall be reckoned. (i) In case where the registration had been made prior to the date of commencement of the Registration of Births and Deaths (Amendment) Rules, 1984 from such date, or (ii) In case where the registration is made after the date of commencement of the Registration of Births and Deaths (Amendment) Rules, 1984 from the date of such registration subject to the provision of sub-section (4) of Section 23. The Registrar shall— (a) If the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five. (b) If the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees five. (2) The parents or the guardian, as the case may be, shall also present to the Registrar a copy of the extract given to him under Section 12 or a certified extract issued to him under Section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child or take action as laid down in clause (b) of the proviso to sub-rule (1).

## **11. Correction or cancellation of entry in the register of births and deaths:**

(1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error by correcting or cancelling the entry as provided in Section 15 and shall send an extract of the entry showing the error and how it has been corrected to the Chief Registrar. (2) In the case referred to in sub-rule (1) if the register is not in his possession, the Registrar in rural areas shall make a report to the M.R.O. and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction and shall send an extract of the entry showing the error and how it has been corrected to the Chief Registrar through the concerned M.R.O. (3) Any such correction as mentioned in sub-rule (2) shall be countersigned by M.R.O. in the rural areas when the register is received from the V.A.O. and by the concerned Registrar in other areas. (4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under Section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case. (5) Notwithstanding anything contained in sub-rule (1) and sub-rule (4) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the Chief Registrar. (6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under Section 25 and on hearing from him take necessary action in the matter. (7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given

information under Section 8 or Section 9.

## 12. Form of register under Section 16:

- The legal part of the Forms No. 1, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7, 8 and 9) respectively.

## 13. Fees and postal charges payable under Section 17:

(1) The fees payable for a search to be made, an extract or a non-availability certificate to be issued under Section 17, shall be as follows:

	Rupees
(a) Search for a single entry in the first year for which the search is made	2-00
(b) For every additional year for which the search is continued	2-00
(c) For granting extract relating to each birth or death	5-00
(d) For granting non-availability certificate of birth or death	2-00

(2) Any such extract in regard to a birth or death shall be issued by the M.R.O. in case of villages where V.A.O. is the Birth and Death Registrar and by the concerned Registrar in other areas in Form No. 5 or 6 as the case may be, and shall be certified in the manner provided for in Section 76 of the Indian Evidence Act, 1872 (1 of 1872). (3) If any particular event of birth or death is not found registered the Registrar shall issue a non-availability certificate in Form No. 10. (4) Any such extracts or non-availability certificate may be furnished to the persons asking for it or sent to him by post on payment of the postal charges therefor. (5) The fees payable for the purpose shall be credited as follows:-

(a)	In a Municipality or Municipal Corporation or cantonment or Project Township or Industrial Township.	To the Municipality or Municipal Corporation or Cantonment or Project Township or Industrial Township funds respectively.
(b)	In a Gram Panchayat Constituted under the A.P. Gram Panchayat Act, 1964 where the Executive Authority gives and certifies extract under Section 17 of the Act.	To the Gram Panchayat Funds.
(c)	In other areas	To State Govt., Funds (i.e.) to the Head of Account "065- other Administrative Services—C. Other services—M.H.55 - Other receipt S.H.(02) Registrar General of Births, Deaths and Marriages.

(6) All fees payable under the Act may be paid in cash, or by Money Order or Postal Order.

#### **14. Interval and forms of periodical returns under Section 19(1):**

(1) Every Registrar shall after completing the process of registration, send all the statistical parts of the reporting form relating to each month along with a summary monthly report in Form No. 11 for births, Form No. 12 for deaths and Form No. 13 for still births to the Chief Registrar or the officer specified by him on or before the 5th of the following month. (2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th of the month.

#### **15. Statistical report under Section 19(2):**

- The statistical report under sub-section (2) of Section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date.

#### **16. Conditions for compounding offences:**

(1) Any offence punishable under Section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time. (2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-sections (1), (2) & (3) and rupees ten for offences under sub-section (4) of Section 23 as the said officer may think fit.

#### **17. Registers and other records under Section 30(2)(K):**

(1) The birth register, death register and still birth register shall be permanent records and shall not be destroyed. (2) The court orders and orders of the specified authorities granting permission for delayed registration received under Section 13 by the Registrar shall form an integral part of the birth register, death register and still birth register and shall not be destroyed. (3) The certificate as to the cause of death furnished under sub-section (3) of Section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf. (4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year to which it relates and such register shall thereafter be transferred for safe custody to the officer specified below.

Local Area

a. Any

Municipality/Municipal Corporation/Cantonment/Industrial

Designation of officers responsible for safe custody of all birth and death registers and relevant documents.

The concerned Registrar of births and

deaths

project township/Panchayat

b. Any other area

The M.R.O. having jurisdiction over the area

(In case of all birth and death registers already transferred to Registration Dept., in Andhra area the concerned Sub-Registrar of Assurance will continue to be the officer responsible for the safe custody of such old Registers).

## **18. Inspection of registers and other records under Section 18:**

- The Inspecting Officers shall use Form No. 14 for inspection of registration centres. 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 level;**

**6. General response of the public towards this Act.**

**7. Notification of births and deaths.**

**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.

Birth Report Legal Information This part to be added to the Birth Register	Form No. I (See Rule 5) Birth Report Form Statistical Information This part to be detached and sent for statistical processing	In the case of multiple births fill in a separate form for each child and write "Twin birth" or Triple Birth" etc. as the case may be, in the remarks column in the box below left.
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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 give the name of the Hospital/Institution or the address of the house where the birth took place). 1. Hospital/Institution Name: 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 informant To be detached and sent for statistical processing

## 8. 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:



## 9. Religion of the

Family:(Tick the appropriate entry below).1. Hindu 2.Muslim 3. Christian4. Any other religion:  
(Write name of the religion).

## 10. Father's level of

education:(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).

## 11. Mother's level of

education:(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).

## 12. Father's

occupation:(If no occupation write 'Nil').

## 13. Mother's

occupation:(If no occupation write 'Nil').| 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 marriage may be entered).

## 15. Age of the mother (in

completed years) at the time of this birth:

## 16. Number of children born alive

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

## 17. Type of attention

at delivery:(Tick the appropriate entry below).1.Institutional – Government2. Institutional - Private or Non Government3. Doctor, Nurse or Trained midwife4.Traditional Birth Attendant5. Relatives or others

## 18. Method of Delivery:(Tick

the appropriate entry below).1. Natural2. Cesarean3. 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)|}

To be filled by the Registrar

Registration No.: Registration Date: Name : Code Registration Registration No.: No. Date :

Registration Date of Birth :Sex : 1. Male

Unit:Town/Village:District:Remarks: 2. FemalePlace of Birth:

(if any).Name and District: Tahsil:Town/Village:Registration

Signature of the Registrar Unit: 1Hospital/Institution 2. HouseName and Signature of the Registrar.

Form No. 2(SeeRule 5)Death Report

DeathReportLegal InformationThis Part to be added to the Death Registrar

FormStatisticalInformationThis to be detached and sent for statistical processing

To be filled bythe informant1. Date of Death: (Enter theexact day, month and year the death took place e.g. 1-1-2000).2. Name of the Deceased:(Fullname as usually written)3. Sex of the deceased:(Enter"male" or "female", do not use abbreviation)4. Age of the deceased:(ifthe 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, andif below 1 month give age in completed number of days, and ifbelow one day, in hours)5. Place of Death:(Tick theappropriate entry 1, 2 or 3 below and give the name of theHospital/Institution or the address of the house where the deathtook place. If other place, give location)1.Hospital/InstitutionName:2.House Address:3.Other Place6. Informant'sname:Address:(After completing all columns 1 to 17,informant will put date and signature here:){|

Date:

Signature or left thumb mark of the informant

| To be filled bythe informantTo be detached and sent for statistical processing

## **7. Town or Village of Residence**

of the deceased:(Place where the deceased actually lived.This can be different from the place where the death occurred.The house address is not required to be entered.)(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. Christian4.Any other religion:(Write the 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.Institutional2. Medical attention other than Institution3.No medical attention| 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 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

## **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) {}

To be filled by  
the Registrar

To be filled by  
Registrar

Registration No.:	Registration Date:	Name :	Code No.:	Registration No.	Registration Date :
Registration Unit: Town/Village: (if any). Name and Signature of the Registrar	District: Remarks: District: Tahsil: Town/Village: Unit:	Date of Death : Sex : 1. Male 2. Female Age: Place of Death: 1. Hospital/Institution 2. House 3. Other Place and Signature of the Registrar.			

Still Birth Report Legal Information This part to be added  
to the Still Birth Registrar

Form No. 3 (See Rule  
5) Still Birth

Report Statistical  
Report This part to be  
detached and sent  
for statistical processing

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

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). 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/Institution Name: 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 informant To be detached 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 upto class VII but passed only class VI, write class VI).

## 10. Type of attention at

delivery:(Tick the appropriate entry below).1. Institutional – Government 2. Institutional - Private or Non Government 3. Doctor, Nurse or Trained midwife 4. Traditional Birth Attendant 5. Relatives or others

## 11. Duration of pregnancy: (in

weeks) 12. Cause of foetal death: (if known) (Columns to be filled are over. Now put signature at left)}}

To be filled by the Registrar	To be filled by Registrar			
Registration No.:	Registration Date:	Name :	Code Registration No.:	Registration Date
Registration Unit: Town/Village: District: Remarks: (if any). Name and Signature of the Registrar	District: Tahsil: Town/Village: Registration Unit:	Date of Birth : Sex : 1. Male 2. Female Place of Birth : 1. Hospital/Institution 2. House Name and Signature of the Registrar.		

Form No. 4 [See Rule 7] Medical Certificate of Cause of Death (Hospital in-patients. Not to be used for still births) To be sent to Registrar along with Form No. 2 (Death Report) Name of the Hospital ..... I hereby certify that the person whose particulars are given below died in the hospital in Ward No. .... 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
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1. Male 2. Female Cause of Death I. Immediate cause { |

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

Antecedent cause

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

II. Other significant conditions contributing to the death but not.....related to the disease or conditions causing it.....|

Interval between onset & death approx.....

Manner of Death If deceased was a female, was pregnancy the death association with?

**1. Yes 2. No. If yes, was there a delivery? 1. Yes 2. No.**

| How did the injury occur? | - | Name and Signature of the Medical Attendant certifying the cause of death Date of verification..... | - | See Reverse for Instructions | - | (To be detached and handed over to the relative of the deceased) Certifying 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 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, or example, small pox, 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 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 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 death, 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) Hypo-static 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, (b) 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 known.

**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 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'.

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

I hereby certify that the deceased Shri/Smt./Kum. .... 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

Age in completed 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

1. Male 2. Female

Cause of Death I. Immediate

cause { |

State the disease, injury or  
complication which caused  
death, not the mode of dying  
such as heart failure, asthenia,  
etc.

(a) ..... due to  
(or as a consequence of)

Antecedent cause

Morbid conditions, if any giving rise  
to the above Cause, stating  
underlying conditions last

(b) ..... due to (or as a  
consequence of) (c) .....

II Other significant conditions contributing to the death but

not ..... related to the disease or conditions  
causing it .....

Interval between onset & death

approx. ....

If deceased was a female, was pregnancy the death association with?

**1. Yes 2. No. If yes, was there a delivery? 1. Yes 2. No.**

| - | Name and Signature of the Medical Practitioner certifying the cause of death Date  
of certification .....

| - | See Reverse for

Instructions | - | (To be detached and handed over to the relative of the deceased) Certifying 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 ..... Signature and address of

Medical Practitioner/Medical attendant with Registration No. .... } 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 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, small pox, 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 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 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) Hypo-static 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 known. 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 known, but whenever possible, give the disease which caused the symptom. Form No. 5(See Rule 8) 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 ..... Place 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 .....Sex .....Date of Death .....Place of Death .....Registration No .....Date of Registration .....Date .....Signature of issuing authority.SealNo disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17(1).Form No. 7(See Rule 12)Birth RegisterBirth ReportLegal InformationThis part to be added to the Birth Register 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 give the name of the Hospital/ Institution or the address of the house where the birth took place).

**1. Hospital/Institution Name:**

**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 informantTo be filled by the RegistrarRegistration No.: Registration Date:Registration Unit:Town/Village:District:Remarks: (if any).Name and Signature of the RegistrarForm No. 8(See Rule 12)Death RegisterDeath ReportLegal

Information This part to be added to the Death 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 give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)

**1. Hospital/Institution Name:**

**2. House Address:**

**3. Other Place**

**6. Informant's name:**

Address: (After completing all columns 1 to 17, 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  
Form No. 9 (See Rule 12) Still Birth Register Form No. 3 Still Birth Report  
Legal Information This part to be added to the Still Birth Register 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)

**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/Institution Name:**

**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 informantTo be filled by the RegistrarRegistration No.: Registration Date:Registration Unit:Town/Village:District:Remarks: (if any).Name and Signature of the RegistrarForm No. 10(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) ..... of (District) ..... of (State) ..... and found that the event relating to the birth/death of ..... son/daughter of ..... was not registered.Date :Signature of issuing authoritySeal.Form No. 11(See Rule 14)Summary Monthly Report of Births

**1. Report for the Month of ..... Year .....**

**2. District:**

**3. Town/Village:**

**4. Registration Unit:****5. Number of Births Registered:**

(a) Within one year of their Occurrence: (b) After one year of their Occurrence: Total\* (a+b)\*Total should be equal to the number of Birth Report Forms (Form No. 1) attached with this monthly report. Signature and Name of the Registrar. Dated: Submitted to the Chief Registrar/District Registrar. Form No. 12 (See Rule 14) Summary Monthly Report of Deaths

**1. Report for the Month of: ..... Year .....**

**2. District :**

**3. Town/Village :**

**4. Registration Unit :**

**5. Details of Deaths Registered during the Month :**

Deaths	Infant Deaths	Maternal Deaths	
Registered within one year of occurrence	Registered after one year of occurrence	Total*	
1	2	3	4 5

Note: Infant and Maternal Deaths should also be included in the Deaths. The number of Statistical Reporting Form (Form No. 2) attached should be equal to the number of deaths registered. Signature and Name of the Registrar. Dated: 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:**

## 5. Number of Still Births Registered\*:

\* Number of Still Births Registered should be equal to the number of Still Birth Report Forms (Form No. 3) attached with this monthly report. Signature & Name of the Registrar Dated: Submitted to the Chief Registrar/District Registrar. Form No. 14 Inspection Report

### 1. Particulars of the Registration Unit:

(a) Name:

(b) District/Mandal/Village/Gram Panchayat/Municipality:

(c) Rural/Urban:

(d) Population:

(e) Area:

(f) Whether the registration unit has a board?

Yes/No

### 2. Functioning of registration unit:

(a) Name of Registrar:

(b) Whether Trained?

Yes/No

(c) Whether jurisdiction of the registration centre is demarcated?

Yes/No

(d) Whether the notional map of the registration unit is kept?

Yes/No

(e) Whether blank registers and other forms are kept: stock lasting for a year/half-year/3 months/less than 3 months?

(f) Whether a list of notifiers is maintained?

Yes/No

(g) Whether a list of hospitals/jails and other institutions is maintained?

Yes/No

(h) Whether a copy of the Act/Rules/Executives instructions are kept handy?

Yes/No

(i) Whether the norm on expected number of events supplied by the Chief Registrar is readily available?

Yes/No

### 3. Registering Performance:

(a) Whether each register begins from January and all pages are given serial numbers?

Yes/No

(b) Whether registration records are generally kept neat and clean?

Yes/No

(c) Whether records are kept in safe custody?

Yes/No

(d) Whether events reported are registered promptly?

Yes/No

(e) Whether late and delayed events are registered according to rules and instructions?

Yes/No

(Please ensure that letter "D" or its regional equivalent is added before the serial Nos. of delayed events not relating to the year of reporting)

(f) Whether corrections, if any are made in the manner prescribed?

Yes/No

(g) Whether follow up action is taken on the information received from notifiers?

Yes/No

(h) No. of Institutions reporting the vital events:

(i) Regularly

(ii) Occasionally

(iii) Never

(i) Date of sending of the last returns: Yes/No

(j) No. of returns due but not sent:

(k) Whether medical certificates are linked and sent along with the return? Yes/No

(l) Whether record relating to previous years have been sent to the concerned officer? Yes/No

4. Remarks of the Inspecting Officers:

(a) Date of Inspection:

(b) Date of last inspection:

(c) No. of spot verification made:.....

Births ..... Still Births..... Deaths .....

(d) No. of the events detected which are not recorded: .....

Births ..... Still Births..... Deaths .....

(e) No. of events found registered which did not occur: .....

Within the jurisdiction of the registration units.

(f) Total No. of cumulative events registered: .....

Births ..... Still Births..... Deaths .....

(g) Whether these are consistent with the norms provided?

(h) Overall assessment:.....

Very Good/Satisfactory/Unsatisfactory

(i) Specific instructions if any, given to the registrar:

Date: Signature of the Inspecting Officer & Designation.