

# Rajasthan Registration of Births & Deaths Rules, 2000

RAJASTHAN

India

## Rajasthan Registration of Births & Deaths Rules, 2000

### Rule

### RAJASTHAN-REGISTRATION-OF-BIRTHS-DEATHS-RULES-2000 of 2000

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Rajasthan Registration of Births & Deaths Rules, 2000Published vide Notification No. F 16(1) Statistics/99, G.S.R. 74, dated 4.12.2000. Published in Rajasthan Gazette Extraordinary 4(Ga)(I) dated 4.12.2000 at page 151.)In exercise of powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the State Government with the approval of the Central Government, hereby makes the following rules, namely:-G.S.R. 74. - In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the State Government with the approval of the Central Government, hereby makes the following rules, namely:-

#### 1. Short title, extent and commencement.

(1)These rules may be called the Rajasthan Registration of Births and Deaths Rules, 2000(2)These rules extend to the whole State of Rajasthan(3)These rules shall come into force from the date of their publication in the Official Gazette.

#### 2. Definitions.

- In these rules, unless the context otherwise requires-(a)"Act" means the Registration 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 purposes of clause (g) of sub-section (1) of Section 2 shall be twenty eight weeks.

### **4. Submission of report.**

- 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 preferred 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.

### **5. Form etc. for giving information of births and deaths.**

(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 and 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 information obtained.(2)The information referred to in sub-rule (1) shall be given within twenty one days from the date of birth, deaths and still birth.(3)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"

### **6. Persons required to register birth and death under Section 8(1)(f).**

(1)In respect of a birth or death in moving vehicle, the person incharge 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. "If the person in charge of the vehicle does not give the information of a death in a moving vehicle at the first place of halt, in such case registration of the event of death should be done at the place where the deceased has been cremated."Explanation. - For the purpose of this rule, the term "vehicle" means conveyance of any kind used on land, air or water and includes a aircraft, an boat, a ship, a railway carriage, a motor car, a motor cycle, a cart, a tanga and 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 as to the cause of death 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 4-A as the case may be, and the Registrar shall, after making necessary entries in the register of death, 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. Extracts 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 house or households as the case may be, or in his absence the nearest relative of the head present in the house may collect the extracts of births or deaths 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 the persons specified by the State Government under sub-Section (2) of the said section, the persons so specified shall transmit the extracts received from the Registrar of Births or 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 institutions 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.**

- (i) Any birth or death or which information is given to the Registrar after the expiry of the period specified in-Rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupees two.(ii)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 District Registrar and on payment of a late fee of rupees five and on production of an affidavit made before a Notary Public or any other officer authorised in this behalf.(iii)Any birth or death which has not been registered within one year, of its occurrence, shall be registered only on an order of a Executive 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 parent or 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 Rajasthan Registration of Births and Deaths (Amendment) Rules, 1980 from such date, or(ii)In case where the registration is made after the date of commencement of the Rajasthan Registration of Births and Deaths (Amendment) Rules, 1986, from the date of such registration, subject to the provisions of sub-Section (4) of Section 23, the Registrar shall-(a)If the register is in his possession forth-with enter the name in the relevant column of the concerned form

in the birth register on payment of 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 District Registrar for making the necessary entry on payment of a late fee of rupees five.(2)The parent or the guardian, as the case may be, shall also present to the Registrar the 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 District Registrar.(2)In the case referred to in sub-rule (1) if the register is not in his possession, the Registrar shall make a report to the State Government or the officer specified by it in this behalf and call for relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction.(3)Any such correction as mentioned in sub-rule (2) shall be countersigned by the State Government or the officer specified by it in this behalf when the register is received from the Registrar.(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 as provided in 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 State Government or the officer specified in this behalf.(6)If it is proved to the satisfaction of the Registrar that any entry in the Register of Births & 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 specified 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 & 3 shall constitute the births register, deaths register and still birth register (Forms No. 7, 8 & 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.-

- |  |             |
|--|-------------|
| (a) search for a single entry in the first year for which the search is made | Rs.<br>2.00 |
| (b) for every additional year for which the search is continued              | Rs.<br>2.00 |
| (c) for granting extract relating to each birth or death                     | Rs.<br>5.00 |
| (d) for granting non-availability certificate of birth or death              | Rs.<br>2.00 |

(2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised by the State Government in this behalf in Form No. 5 or Form No. 6, as the case may be, and shall be certified as provided 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) If such extracts or non-availability certificate may be furnished to the person asking for it or send to him by post on payment of Rs. 20/- as the postal charges therefor.

#### **14. Interval and forms of periodical returns under Section 19.**

(1) Every Registrar shall, after completing the process of registration, send all the Statistical Parts of the reporting forms 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 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 format 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 of 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-secs. (1), (2) and (3), and rupees ten for offences under sub-Section (4), of the 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 a records of permanent importance and shall not be destroyed.(2)The Court orders and the 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 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 his 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 as such register shall thereafter, be transferred for safe custody to the District Registrar.

## **18. Fees.**

- All fees payable under the Act may be paid in cash or money order or postal order.

## **19. Repeal and saving.**

- As from the coming into force of these rules, the Registration of Births and Deaths Rules, 1972 shall stand repealed:-Provided that any order made or action taken under the rules so repealed shall be deemed to have been made or taken under provisions of these rules.Format of the Report on the Working of the Act[See Rule 4]

### **1. Brief description of the State, its boundaries and revenue districts.**

### **2. Changes in Administrative Areas.**

### **3. Explanation about the differences in Areas.**

### **4. Changes in Registration Area-Extension.**

### **5. Administrative set-up of the registration machinery at various levels.**

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

### **7. Notification or births and deaths.**

### **8. Progress in the medical certification of cause of death.**

**9. Maintenance of Records.**

**10. Search of birth and death 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 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]]Legal 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 notnamed, leave blank)
4	Name of the father :
(Full name as usually written)	
5	Name of the mother :
(Full name as usually written)	
6	Permanent address of the Parents:
7	Address of Parents at the time of birth :
8	Place of birth : (Tick the appropriate entry 1or 2 below and give the name of the Hospital/Institution or theaddress of the house where the birth took place)
1. Hospital/Institution	Name :
2. House	Address:
9	Informant's name :
Address :	
(After completing all columns 1 to 22,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. 1 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]] [See Rule 5] Birth Report Statistical Information This part to be detached and sent for statistical processing

To be filled by the informant

To be detached and sent for statistical processing

10

Town or Village of Residence of the mother :(place where the mother usually to 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 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)

1. Hindu 2. Muslim 3. Christian

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)

To be filled by the Registrar

Name

Code  
No.

District:



Tahsil:

Town/Village :

Registration Unit:

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.

16 Age of 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 marriage(s), if any)

19 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.

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

1. Natural
2. Caesarean
3. Forceps/Vacuum

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

22 Duration of pregnancy : (in weeks)

(Columns to be filled are over, now put signature at left)

Registration No.

Registration Date :

Date of Birth :

Sex 1. Male 2. Female

Place of Birth : 1.

Hospital/Institution 2. House

Name and Signature of the Registrar

[DEATH REPORT [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]] Legal 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	Name of the Father/Husband of the deceased: (Full name as usually written)
5	Name of the mother of the deceased : (Full name as usually written)
6	Permanent address of the deceased:
7	Address of the deceased at the time of death:
8	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)
9	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 places :	
10	Informant's name :
Address :	
(After completing all columns 1 to 21,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 :
Name and Signature of the Registrar	
[Form No. 2 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]][See Rule 5]Death ReportStatistical InformationThis part to be detached and sent for statistical processing	
To be filled by the informant	
To be detached and sent for Statisticalprocessing	
11	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 town or village : (Tick the appropriate entry below)

1. Town 2. Village

(c) Name of District :

(d) Name of State:

12

Religion : (Tick the appropriate entry below)

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

13

Occupation of the deceased : (If no occupation write 'Nil')

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

No.

Name

Code

District:

Tahsil:

Town/Village Registration Unit:

To be filled by the informant

15

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

1. Yes 2. No

16

Name of Disease or Actual Cause of Death :

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

17

In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy :

(Tick the appropriate entry below)

1. Yes 2. No

18

If used to habitually smoke-for how many years ?:

19

If used to habitually chew tobacco in any form for how many years ?:

20

If used to habitually chew areca nut in any form (including pan masala)-for how many years ?:

21

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

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

To be filled by the Registrar

Registration No.

Registration Date :

Date of Birth :

Sex 1. Male 2. Female

Age: Years/months/days/hours

Place of Death :

1. Hospital/Institution 2. House

3. Other Place

Name and Signature of the Registrar

Form No. 3

Still Birth

Still Birth

Report Legal Information This part to be added to the Death Register

Report 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 & write "Twin birth" or "Triple birth" etc. as the case may be, in the remarks column in the box below left.

To be filled by the informant 1. Date of Birth: (Enter the exact day, month and year the Birth took place 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 20, information will put date and signature here:)

Date Signature or left thumb mark of the informant

| To be filled by the informant

## 7. Town or Village

or 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 or Village : (b) Is it a town or village : (tick the appropriate 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-Governmental 2. Institutional-Private or Non-Government 3. Doctor, Nurse or Trained midwife 4. Traditional Birth Attendant 5. Relative or others

## 11.

Duration of pregnancy : (In weeks) 12. Cause of foetal death : (if known) (column to be filled are over. Now put signature at left) | }

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

Form No. 4[See Rule 7]Medical Certificate of Cause Of Death(Patient in Hospital, 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 WardNo .....on

.....At.....A.M./P.M.

Name of Deceased For use of Statistical office

Sex Age of Death

If 1 year or more If less than 1 year If less than one Month, age in Days If less than one day, age in hours

1. Male2. Cause of Death  
Female

I.Immediate (a).....Due to(or as consequences  
causeState the of)(b).....Due to(or consequences  
disease,injury of)(c).....

or Due to (or as  
a consequences  
of)

complication  
whichcaused  
death, not the  
mode of dying  
such as heart  
failure,Asthenia,  
etc.Antecedent  
causeMorbidity  
conditions, if  
any,giving Due  
to (or as  
consequences  
of ) rise to the  
above

cause,stating

Under lying  
conditions

lastII.Othersignificant

conditions  
contributing to  
the death but  
not relatedto  
the disease or

conditions  
causing it.

#### Manner of Death

1. Natural 2. Accident 3. Suicide 4. Homicide 5. Pending investigation if deceased was a female, was pregnancy the death associated with? If yes, was there a delivery ? 1. Yes 2. No. death

#### How did the injury occur ?

1. Yes 2. No 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) Certified that Shri/Smt./Kum.....S/W/D of Shri .....R/O .....was admitted to this hospital on..... and expired on .....Doctor .....(Medical Supdt. Name of Hospital) Medical Certificate Of Cause Of Death Directions for completing the form Name of deceased. - To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write, Son of (S/o) or 'Daughter of (D/o), followed by names of mother and father. Age. - If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 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) or 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 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) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home. Maternal deaths. - Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death. Old age or senility. - Old age (or senility) should 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. 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 cause 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. 4-A[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)

Name of Deceased		For use of Statistical office	
Sex	Age of 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 (a) State the ..... Due to (or as a consequence of) (b) .....  
disease, injury of) (c) .....  
or Due to (or  
as a  
consequences  
of) complication  
which caused  
death, not the  
mode of dying  
such as heart  
failure,  
Asthenia,  
etc. Antecedent  
cause Morbid conditions,  
if any, giving



Due to (or as  
consequences  
of ) rise to the  
above cause,  
stating Under  
lying  
conditions  
last II. Other  
significant  
conditions contributing  
to the death  
but not  
related to the  
disease  
or conditions  
causing it.

If deceased was a female, was pregnancy the death associated with ? 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 Instruction

(To be detached and handed over to the relative of the deceased) Certified  
that Shri/Smt./Kum..... S/W/D of Shri..... R/o..... was under my  
treatment from..... 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 years 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, line (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 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 under lying 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 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 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 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. 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.

lkzk:ila 5

[FORMNO. 5 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]]

TkUeizek.k i=

## BIRTHCERTIFICATE

(tUevkSj e`R;q jftLVzhdj.k vf/kfu;e 1969 dh /kkajk12/17vkSj jktLFkku tUe vkSj e`R;q jftLVzhdj.k fu;e 2000 ds fu;e8/13ds v/khu tkjh fd;k x;k

(Issued under Sec. 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Rajasthan Registration of Births and Deaths Rules, 2000)

;gizekf.kr fd;k tkrk gS fd fuEufyf[kr lwpuk e`R;q ds ewy vfHkys[kls yh xbZ gS tks fd(LFkkuh;{ks=/LFkkuh;fudk;).....rglhy/[k.M.....ftyk.....jkT;/la?k jkT; {ks=.....dkjftLVj gSA

This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body)..... of tehsil/block..... of District.....

.....of State/Unionterritory.

uke/Name.....

fyax/Sex:.....e`R;qfrfFk/Date ofDeath:.....

e`R;qLFkku/Place ofDeath:.....ekrk dk uke/Nameof Mother:.....

firk/ifrdk uke/Name ofFather/Husband:.....

e`rddk e`R;q ds le; dk irk/Addressof thee`rd dk LFkk;h irk/deceased at the time of death:

Permanent address ofdeceased:.....

.....

.....

jftVzdj.kla./RegistrationNo.....jftLVzhdj.ka dh rkjh[k/Dateof Registration.....

fVii.kh/Remarks(ifany):.....

tkjhdjus dh rkjh[k/Date ofissue.....

tkjhdjus okys izkf/kdkjh ds gLrk{kj/Signatureof the issuing authority

tkjhdjus okys izkf/kdkjh dk irk/Addressof the issuing authority

eqgj/Seal

Ikzk:i la 6

[FORMNO. 6 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]]

e`R;q izek.ki=

# DEATHCERTIFICATE

(tUevkSj e`R;q jftLVzhdj.k vf/kfu;e 1969 dh /kkajk12/17vkSj jktLFkku tUe vkSj e`R;q jftLVzhdj.k fu;e 2000 ds fu;e8/13ds v/khu tkjh fd;k x;k

(Issuedunder Sec. 12/17 of the Registration of Births and Deaths Act,1969 and Rule 8/13 of the Rajasthan Registration of Births andDeaths Rules, 2000)

;gizekf.kr fd;k tkrk gS fd fuEufyf[kr lwpuk e`R;q ds ewy vfHkys[kls yh xbZ gS tks

fd(LFkkuh;{ks=/LFkkuh;fudk;)......rglhy/[k.M.....ftyk.....jkT;/la?k jkT;

{ks=.....dkjftLVj gSA

This is to certify that the following information has been taken fromthe original record of death which is the register for (localarea/local body)..... of tehsil/block.....ofDistrict..... of State/Union territory.

uke/Name.....

fyax/Sex:.....e`R;qfrfFk/Date ofDeath:.....

e`R;qLFkku/Place ofDeath:.....ekrk dk uke/Nameof Mother:.....

firk/ifrdk uke/Name ofFather/Husband:.....

e`rddk e`R;q ds le; dk irk/Addressof thee`rd dk LFkk;h irk/deceased at the time of death:

Permanent address ofdeceased:.....

.....

.....

jftVzdj.kla./RegistrationNo.....jftLVzhdj.ka dh rkjh[k/Dateof Registration.....

fVli.kh/Remarks(if any):.....

tkjhdjus dh rkjh[k/Date of issue.....

tkjhdjus okys izkf/kdkjh ds gLrk{kj/Signature of the issuing authority

tkjhdjus okys izkf/kdkjh dk irk/Address of the issuing authority

eqgj/Seal

[Form No. 7 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]] [See Rule 12] BIRTH REGISTER FORM 1 : BIRTH REPORT Legal Information This 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                              | Permanent address of the Parents:   |
| 7                              | Address of Parents at the time of birth :   |
| 8                              | 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:  |
| 9                              | Informant's name :  |

Address :

(After completing all columns 1 to 22, 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. 8 [Substituted by Notification No. G.S.R. 81, dated 23.11.2007 (w.e.f. 4.12.2000).]] [See Rule 12] Death Register Form No. 2 Death Report Legal 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 Name of the Father/Husband of the deceased:  
(Full name as usually written)
- 5 Name of the mother of the deceased :  
(Full name as usually written)
- 6 Permanent address of the deceased:
- 7 Address of the deceased at the time of death:  
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)
- 8 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)
- 9
  1. Hospital/Institution Name :
  2. House Address:
  3. Other places :
- 10 Informant's name :  
Address :  
(After completing all columns 1 to 21, 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 : Remarks: (if any) District :

Name and Signature of the Registrar

Form No. 9[See Rule 12] Form No. 3 Still Birth Register 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")**

**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**

**3. Other place**

**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 filed by the RegistrarRegistration Date  
:Registration No.Registration Unit :Town/Village :Remarks : (if any)District :Name and Signature  
of the RegistrarForm No. 10[See Rule 13]Non-Availability Certificate(Issued under Section 17 of the  
Registration of Births & 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 (Tehsil)..... of  
(District)..... of (State)..... and found that the event relating to the birth/death  
of..... son/daughter of..... was not registeredDate .....Signature of issuing  
authoritySealForm 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 Statistical Part of Birth Reporting Forms (Form No. 1) attached with the monthly report. Signature & 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.\*Total should be equal to number of Statistical Part of Deaths Reporting Forms (Form No. 2) attached with this monthly report. Signature & 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.