

The Orissa Registration of Births and Deaths Rules, 2001

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Rule

THE-ORISSA-REGISTRATION-OF-BIRTHS-AND-DEATHS-RULES-2001 of 2001

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The Orissa Registration of Births and Deaths Rules, 2001Published vide Notification S.R.O. No. 377/2001, dated 9th July, 2001, Orissa Gazette Extraordinary No. 1359 dated 20.7.2001S.R.O. No. 377/2001. - In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (No. 18 of 1969), the State Government with the approval of the Central Government hereby makes the following Rules, namely :

1. Short title and commencement.

(1)These Rules may be called the Orissa Registration of Births and Deaths Rules, 2001.(2)They shall come into force on the date of their publication in the Official Gazette.

2. Definitions.

(1)In these rules unless the context otherwise require-(a)"Act" means the Registration of Births and Deaths Act, 1969 (No. 18 of 1969);(b)"Forms" means a form appended to these Rules;(c)"Registrar" means Registrar of Births and Deaths; and(d)"Section" means a section of the Act;(2)Words and expressions used but not defined in these rules shall have the same meaning as respectively assigned to them in the Act.

3. Gestation.

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

4. Report.

- The report under Sub-section (4) of Section 4 shall be submitted in Form No. I along with the statistical report as required under Sub-section (2) of Section 19 in appropriate forms, 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. Information of birth, still birth and death.

(1)The informations required to be given to the Registrar under Section 8 or Section 9 as the case may be, shall be given in Form Nos. 2, 3 and 4 for 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 shall be obtained on the forms.(2)The information referred to in Sub-rule (1) shall be given within twenty-one days from the date of birth, death and still birth as the case may be.Note : 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. Birth and Death in vehicle.

(1)In respect of a birth or a death in 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, Cart, a Tanga and a Rickshaw.(2)In the case of deaths (not falling under Clause (a) to (c) of Subsection (1) of Section 8 in which 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. Death certificate.

- The Certificate as to the cause of death required under Sub-section (3) of Section 10 shall be issued in Form No. 5 or 6 and the Registrar shall, after making necessary entries in the Register of deaths, forward all such certificate to the Chief Registrar by the 10th of the month immediately following the month to which the certificate 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. 8 or Form No. 10 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, the 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 may collect the extracts of birth or death from the Register 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 to the concerned head of the 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 case of institutional events of births and deaths referred to in Clauses (b) (e) of Sub-section (1) of Section 8, the nearest relative of the new born or diseased may collect the extracts from the officer or person incharge 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. Delayed Registration.

(1)Any birth or death of which information is given to the Registrar after the expiry or the period specified to Sub-rule (2) of Rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fees of rupees two in cash.(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 District Registrar/Additional District Registrar in this behalf and on payment of a late fees of rupees five in cash.(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 or a Executive Magistrate or a Presidency Magistrate and on payment of late fees of rupees ten in cash.

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 twelve 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 twelve months but within a period of 15 years, the Registrar shall -(a)If the register is in his possession forthwith enter the name in the relevant column of the form in the birth register on payment of a late fees of rupees five in cash.(b)If the register is not in his possession 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 fees of rupees five in cash.(2)The parents 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.

11. Correction or cancellation of entries 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 inquire 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 under Section 15 and shall send an extract of the entry showing the error and how it has been corrected to the Chief Registrar/District Registrar or the District Officer (Collectorate) in this behalf. (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 District Registrar of Births and Deaths or the District Officer (Collectorate) in this behalf and call for the relevant register and after enquiring into the matter, if the Registrar 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 District Registrar in this behalf when the register is received from the Registrar. (4) If any person assents 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 the two creditable persons of the locality having knowledge of the facts of the case. (5) Notwithstanding anything contained in Sub-rule (1) and Sub-rule (4) the Registrar shall make a report of any correction of the kind referred to therein giving necessary details to the Chief Registrar and District Registrar or the District Officer (Collectorate) in this behalf. (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 District Registrar 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 the rules, intimation thereof shall be sent to the permanent address of the person who has given information under Section 8 or Section 9 as well as to the Chief Registrar and the District Registrar.

12. Form of registers under Section 16.

(1) The legal part of the Form Nos. 2, 3 and 4 shall constitute the Birth Register, Death Register and Still Birth Register in Form Nos. 11, 12 and 13 respectively. (2) In each part of the register, the event shall be numbered serially for each calendar year (the serial number indicated in the legal part of Forms Nos. 2, 3 and 4 should be identical in Form Nos. 11, 12 and 13). (3) An event which occurred in any previous year shall be recorded in the register for the year in which it is reported. (4) No form shall be interpolated between forms received earlier.

13. Fees and Postal charges payable under Section 17.

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

- | | |
|--|-------------------|
| (a) Search for single entry in the first year for which the search is made | Rs. 2.00
(Two) |
|--|-------------------|

- | | | |
|-----|--|--------------------|
| (b) | For every additional year for which the search is continued | Rs. 2.00
(Two) |
| (c) | For granting extract relating to each birth or death (forsingle copy). | Rs. 5.00
(Five) |
| (d) | For granting of non-availability certificate of birth or death. | Rs. 5.00
(Five) |

(2) Any such extract in regard to a birth or death shall be issued by the Registrar of Births and Deaths under Section 17 in Form No. 7 or as the case may be, in Form No. 9 and shall be certified in the manner 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 non-availability certificate in Form No. 14 on payment of rupees five in cash. (4) Any such extracts or non-availability certificate may be furnished to the person asking for it or sent to him post on payment of the postal charges thereof.

14. Interval and forms of periodical returns under Section 19(6).

(1) Every Registrar shall after completing the process of registration send all the statistical part of the reporting forms relating to each month along with a summary monthly report in Form No. 15 for births. Form No. 16 for deaths and Form No. 17 for still births to the District Registrar or before the fifth of the following month. (2) The District Registrar shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the tenth of the month.

15. Statistical report under Section 19 (2).

- The statistical report under Sub-section (2) of Section 19 shall contain the revised statistical tables in the appropriate forms specified under Form No. 20 to Form No. 72 and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as possible but in any case not later than the end of December.

16. Condition for compounding offences.

(1) Any offence punishable under Section 23, may, either before or after the institution of criminal proceedings under the Act, be compounded by the District Registrar, if the Officer 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) and (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 kept as a record of permanent importance and shall not be destroyed. (2) The order passed under Sub-section (3) of Section 13 and the orders of the District Registrars granting permission for delayed registration under Sub-section

(2) of Section 13 received 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 five years by the Chief Registrar, and thereafter the same shall be destroyed.(4)Every Birth register, Death register Still Birth register shall be retained by the Registrar in his office for a period of ten years after the end of the calendar year to which it relates and such register shall thereafter, be transferred for safe custody to the District Office (Collectorate).(5)The Registrar shall maintain search document for birth and death registers in Form No. 18 and 19 respectively. The registrar shall copy out the particulars from legal information contained in Part I in the Search document. This document will help the Registrar in searching the events, but the Registrar, shall verify the event from the relevant registers to issue the extracts.

18. Collection of fees and fines.

(1)All Fees payable under the Act may be paid in cash.(2)The receipt Book shall be supplied by the District Registrar to the Registrar for collection of fees and fines under the Act in cash.(3)The Registrar shall deposit the cash once in a month in the local Treasury and furnish a report to the District Registrar/Chief Registrar by 5th of each succeeding month.

19. Repeal and Savings.

- The Orissa Registration of Births and Deaths Rules, 1970 and 1991 (Amendment) is hereby repealed :Provided that notwithstanding such repeal, and order passed or action taken under the provisions of the rules so repealed shall be deemed to have been made or taken under the corresponding provisions of these rules. Form No. 1 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 Administration Areas.

3. Explanation about the differences in Areas

4. Changes in Registration Areas - Extensions.

5. Administrative set up of the Registration machinery of various levels.

6. General response of the public towards the Act.

7. Notification of Births and deaths.

8. Progress in the medical certification of cause of Deaths.

9. Maintenance of records.

10. Search of births and deaths for issue of Certificates.

11. Delayed Registration.

12. Protection and compounding 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 ReportForm No. 2[See Rule 5]Part-I (Legal Information) (This part to be added to the Birth Register)(To be filed by the informant)

1. Date of birth.....

2. Sex.....

3. Name of the child (if any).....

4. Name of the father.....

5. Name of the mother.....

6. Permanent Address.....

7. Place of birth -

(1)Hospital/Institution Name.....(2)House Address.....

8. Order of birth

9. Informant's name.....

Address.....DateSignature or Left ThumbMark 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

Part-II (Statistical Information) (This part to be detached and sent for statistical processing)(To be filled by the informant)

10. Town or village of Resident of the mother-

(a)Name of town/village.....(b)Is it a town or village (Put a * mark)(1)Town(2)Village(c)Name of District.....(d)Name of State.....

11. Religion of the family-

(1)Hindu(2)Muslim(3)Christian(4)Sikh(5)Any other religion

12. Father's level of education.....

13. Mother's level of education.....

14. Fathers' occupation.....

15. Mother's occupation.....

16. Age of the mother (in completed years) at the time of marriage.....

17. Age of the mother (incomplete years) at the time of this birth.....

18. Number of children born alive to the mother so far including this child.....

19. Type of attention at delivery (Tick the appropriate entry below :

(a)Institutional - Government(b)Institutional - Private or Non-Government(c)Doctor, Nurse or Trained Midwife.(d)Traditional Birth Attendant(e)Relatives or others

20. Methods of Delivery -

(a)Normal(b)Caesatean(c)Forceps/Vacuum

21. Birth Weight (in Kgs.)

22. Duration of pregnancy (in weeks)

(To be filled by the Registrar)

Name Code No. Registration No.

District Registration Date

Tahasil Date of Birth

Town/Village Sex -1. Male,2. Female

Registration Unit Place of birth -1.Hospital/Institution 2. House

Name and signature of the Registrar

Death ReportForm No. 3[See Rule 5]Part-I (Legal Information) (This part to be added to the Death Register)(To be filed by the informant)

1. Date of death.....

2. Name of the deceased.....

3. Sex of the deceased.....

4. Name of the Father/Husband.....

5. Age of the deceased.....

6. Permanent Address.....

7. Place of death -

(1)Hospital/Institution Name.....(2)House Address.....(3)Other place.....

8. Informant's name.....

Address.....DateSignature or Left ThumbMark 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

Part-II (Statistical Information) (This part to be detached and sent for statistical processing)(To be filled by the informant)

9. Town or village of Residence of the deceased -

(a)Name of town/village.....(b)Is it a town or village (Put a * mark)(1)Town(2)Village(c)Name of District.....(d)Name of State.....

10. Religion

(1)Hindu(2)Muslim(3)Christian(4)Sikh(5)Any other religion

11. Occupation of the deceased.....

12. Type of medical attention received before death -

(1)Institutional(2)Medical attention other than institution-(3)No Medical attention

13. Was the cause of death medical certified ?

1. Yes

2. No

14. Name of disease or actual cause of death.....

15. 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.

1. Yes

2. No.

16. If used to habitually smoke, for how many years ?.....

17. If used to habitually chew tobacco in any form, for how many years ?.....

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

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

(To be filled by the Registrar)

Name	Code No.	Registration No.
District	Registration Date	
Tahasil	Date of Birth	
Town/Village	Sex -1. Male,2. Female	
Registration Unit	Place of birth -	1. Hospital/Institution2. House 3. Other place
	Name and signature of the Registrar	

Still Birth ReportForm No. 4[See Rule 5]Part-I (Legal Information) (This part to be added to the Still Birth Register)(To be filed by the informant)

1. Date of birth.....

2. Sex.....

3. Name of the father.....

4. Name of the mother.....

5. Permanent Address.....

6. Place of birth -

(1)Hospital/Institution Name.....(2)House Address.....

7. Informant's name.....

Address.....DateSignature 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

Part-II (Statistical Information) (This part to be detached and sent for statistical processing)(To be filled by the informant)

8. Town or village of Resident of the mother-

(a)Name of town/village.....(b)Is it a town or village (Put a * mark)(1)Town(2)Village(c)Name of District(d)Name of State

9. Age of the mother (in completed years) at the time of this birth.....

10. Mother's level of education.....

11. Type of attention at delivery (Tick the appropriate entry below)

(1)Institutional - Government(2)Institutional - Private or Non-Government.(3)Doctor, Nurse of Trained Midwife.(4)Traditional Birth Attendant(5)Relatives or others

12. Duration of pregnancy (in weeks).....

13. Cause of foetal death (If known).....

(To be filled by the Registrar)

Name	Code No.	Registration No.
District	Registration Date	
Tahasil	Date of Birth	
Town/Village	Sex -1. Male,2. Female	
Registration Unit	Place of birth -	1. Hospital/Institution2. House

Name and signature of the Registrar

Form No. 5[See Rule 7]Medical Certificate of Cause of Death(Hospital inpatients, not to be used for still births)(To be sent to Registrar alongwith Form No. 3 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 of 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
------------------------------------	---------------------------------------	--	---------------------------------------

1. Male 2. Female

Cause of death

I. Immediate
cause Statethe
disease,
injury or
complication

which caused (a).....due to(or as a consequence of)
death, not
themode of
dying such as
heart failure,
asthenia etc.

Antecedent
cause Morbidconditions,
if any, giving
rise to the
above cause, (b).....due to(or as a consequence of)
statingunderlying
conditions
last

II Other
significantconditions
contributing
to the death

but not
related to
thedisease or
conditions
causing it

Manner of death How did the injury occur ?

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 1. Yes 2. No
delivery ?

1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause 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 his hospital on and expired
on.....Doctor.....(Medical Supdt.)Name of Hospital)Form No. 5Medical Certificate of
Cause of DeathDirections for completing the formName 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 delivered 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 Parts I or in Part II, or example smallpox, lobar
pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.Often,
however, number of morbid conditions will have been present at death, and the doctor must them
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 cause 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 certificate 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 it very approximately, e.g., "from birth" "several years". Accidental or violent deaths - Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example - (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home. Maternal deaths - Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death. Old age or senility - Old age (or senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II, Example - (a) Chronic bronchitis, II old age. Completeness of information - A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified. Example - Anaemia-Give type of anemia, if known, Neoplasma-indicate whether benign or malignant, and alter, with site of primary neoplasms, 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-Specific whether bacillary, amoebic, etc., if know, Complications of pregnancy or delivery-Describe the complication specifically Tuberculosis-Give organs affected. Symptomatic statement - Convulsions, diarrhoea, fever, ascites jaundice debility etc., are symptoms which may be due to any one of a number of different conditions. Sometimes noting more is know, 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 filed in and the manner of death should be shown as 'Pending Investigation'. Form No. 6[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 alongwith Form No. 3 (Death Report) I hereby certify that the deceased Shri/Smt./Kumari.....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 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 (a).....due to(or as a consequence of) causeStatethe disease,

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

Antecedent
cause Morbid conditions,
if any, giving
rise to the (b).....due to (or as a consequence of)
above cause, stating underlying
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 1. Yes 2. No
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) Certified that
Shri/Smt./Kum.....S/W/D of Shri..... R/O.....was under my treatment from..... to..... and
he/she expired on..... at..... A.M./P.M. Doctor.....Signature and address of Medical
Practitioner/Medical attendant with Registration No. Form No. 6 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, 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, 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 cause 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 certificate as legibly by as possible to avoid the risk of their being misread. Onset - Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years". Accidental or violent deaths - Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example - (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home. Maternal deaths - Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death. Old age or senility - Old age (or senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II, Example - (a) Chronic bronchitis, II old age. Completeness of information - A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified. Example Anaemia - Give type of anemia, if known, Neoplasma - 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 noting more is known, but whenever possible, given the disease which caused the symptom. Form No. 7 [See Rule 8] Birth Certificate (Issued under Section 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 of

Orissa. Name..... Sex..... Date of birth..... Place of Birth..... Name of father..... Name of mother..... Permanent address of parents..... Registration No..... Date of Registration..... Signature of Issuing Authority Seal Date..... Form No. 8 [See Rule 8] Birth Certificate (Issued under Section 12) 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 of

Orissa. Name..... Sex..... Date of birth..... Place of Birth..... Name of father..... Name of mother..... Permanent address of parents..... Registration No..... Date of Registration..... Date..... Signature of Issuing Authority Seal Form No. 9 [See Rule 8] Death Certificate (Issued under Section 17) This is to Certify that the following information has been taken from the Original record of death which is the register for (local areas)..... of Tahsil..... of district..... of State of Orissa. Name..... Name of

Father/Mother/Husband..... Sex..... Date of Death..... Place of Death..... Permanent address of deceased..... Registration No..... Date of Registration..... Date..... Signature of Issuing Authority Seal No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See provisions to the Section 17 (1). Form No. 10 [See Rule 8] Death Certificate (Issued under Section 12) 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 of

Orissa. Name..... Name of Father/Mother/Husband..... Sex..... Date of Death..... Place of Death..... Permanent address of deceased..... Registration No..... Date of Registration..... Date..... Signature of Issuing Authority Seal No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See provisions to the Section 17 (1). Form No. 11 [See Rule 12] Birth Register Form No. Birth Report Legal Information (This part to be added to the Birth Register) To be filled by the informant

Orissa. Name..... Name of Father/Mother/Husband..... Sex..... Date of Death..... Place of Death..... Permanent address of deceased..... Registration No..... Date of Registration..... Date..... Signature of Issuing Authority Seal No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See provisions to the Section 17 (1). Form No. 11 [See Rule 12] Birth Register Form No. Birth Report Legal Information (This part to be added to the Birth Register) To be filled by the informant

Orissa. Name..... Name of Father/Mother/Husband..... Sex..... Date of Death..... Place of Death..... Permanent address of deceased..... Registration No..... Date of Registration..... Date..... Signature of Issuing Authority Seal No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See provisions to the Section 17 (1). Form No. 11 [See Rule 12] Birth Register Form No. Birth Report Legal Information (This part to be added to the Birth Register) To be filled by the informant

1. Date of birth.....

2. Sex.....

3. Name of the child (if any).....

4. Name of the father.....

5. Name of the mother.....

6. Permanent Address.....

7. Place of birth -

(1)Hospital/Institution Name(2)House Address.....

8. Order of birth.....

9. Informant's name.....

Address.....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. 12[See Rule 12]Death RegisterForm No. Death Report(Legal Information)(This part to be added to the Death Register) (To be filled by the informant)

1. Date of death.....

2. Name of the deceased.....

3. Sex of the deceased.....

4. Name of father/husband.....

5. Age of deceased.....

6. Permanent Address.....

7. Place of death-

(1)Hospital/Institution Name.....(2)House Address.....(3)Other place.....

8. Informant's name.....

Address.....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. 13[See Rule 12]Still Birth RegisterStill Birth ReportForm No.(Legal Information)(This part to be added to the still birth Register) (To be filled by the informant)

1. Date of birth.....

2. Sex.....

3. Name of the father.....

4. Name of the mother.....

5. Permanent Address

6. Place of birth -

(1)Hospital/Institution Name.....(2)House Address.....

7. Informant's name.....

Address.....Date.....Signature of 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. 14[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 AuthoritySealForm No. 15[See Rule 14]Summary Monthly Report of Births

1. Report for the month of.....year.....

2. District.....

3. Town/Village (P.H.C./C.H.C.).....

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 Births reporting form (Form No. 2) attached with this monthly report.Dated :Signature (and name) of the RegistrarOffice of the Registrar of Births and Deaths of.....Memo No.....dated.....Submitted to the Chief Registrar/District Registrar of..... district for information and necessary action.Signature of the Registrarof Births and Deaths of....Muty./N.A.C./P.H.C./C.H.C.Form No. 16[See Rule 14]Summary Monthly Report of Deaths

1. Report of the month of.....Year.....

2. District.....

3. Town/Village (P.H.C./C.H.C.).....

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

* Total should be equal to the number of statistical part of death reporting form (Form No. 3) attached with this monthly report. Note. - Infant and Maternal Deaths should also be included in the Deaths. Dated : Signature (and Name) of the Registrar Office of the Registrar of Births and Deaths of..... Memo No..... Dated..... Submitted to the Chief Registrar/District Registrar of..... district of information and necessary action. Signature of the Registrar of Births and Deaths of..... Muty/N.A.C./P.H.C./C.H.C. Form No. 17 [See Rule 14] Summary Monthly Report of Still Births

1. Report of the month of..... Year.....

2. District.....

3. Town/Village (P.H.C./C.H.C.).....

4. Registration Unit.....

5.

: Number of Still Births registered* Dated : Signature (and Name) of the Registrar Office of the Registrar of Births and Deaths of..... Memo No..... Dated..... Submitted to the Chief Registrar/District Registrar of..... district for information and necessary action. Signature of the Registrar of Births and Deaths of..... Muty/N.A.C./P.H.C./C.H.C.* Number of Still Births registered should be equal to the number of Still Birth Report Form (Form No. 4) attached with this monthly report. Form No. 18 [See Rule 17] Search Document for Birth Register

Sl. No.	Registration Number	Date of Registration	Date of Birth	Sex	Name of Father	Name of Mother	Place of Birth	Permanent Address
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Form No. 19 [See Rule 17] Search Document for Death Register

Sl. No.	Registration No.	Date of Registration	Date of death	Sex	Name of the Deceased	Age	Name of Father/Mother/Husband	Place of death	Permanent Address
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Form No. 20 Population Registration Units, Monthly Returns Due and Received (Rural Areas)

Sl. No.	District	Population as per last census	No. of registration units	No. of monthly returns due	No. of monthly returns not received	Estimated mid-year population
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Actual	Adjusted for incomplete receipt of returns	Total	Adjusted for incomplete receipts of returns				
1	2	3	4	5	6	7	8 9

State
Total

Form No. 21 Population Registration Units, Monthly Returns Due and Received (Urban Areas)

Sl. No.	District	Population as per last census	No. of registration units	No. of monthly returns due	No. of monthly returns not received	Estimated mid-year population	
Actual	Adjusted for incomplete receipt of returns	Total	Adjusted for incomplete receipts of returns				
1	2	3	4	5	6	7	8 9

State
Total

Form No. 22 Live Births by Place of Occurrence, Districts (Rural and Urban) and Towns with
Population One Lakh and above

Sl. No.	District	Births by place of occurrence	Place of residence of mother	Place of residence Outside the State	
M	F	T	Within the area	Outside the area	
1	2	3	4	5	6 7 8

1. District :

R
U
T

Town with population one lakh and above

Town : 1

Town : 2

2. District : 2

State Total-

R
U
T

Form No. 23 Live Births by Place of Residence, Districts (Rural and Urban) and Towns with
Population one lakh and above

District

Birth rate

Sl. No.		Births by place of residence of mother			Place of occurrence of the Birth		
M	F	T	Within the area		Outside the area		
1	2	3	4	5	6 7 8		
1. District :			R				
			U				
			T				
Town with population one lakh and above							
Town : 1							
Town : 2							
2. District : 2							
State Total-			R				
			U				
			T				

Form No. 24 Time Gap in Registration of Live Births (Rural and Urban)

Sl. No.	District	Rural							
Within prescribed time limit	Number of Live Births Registered								
Delayed registration									
Within 30 days	After 30 days but within 1 year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female		
1	2	3	4	5	6	7	8	9	10
State Total									

Sl. No.	District	Urban							
Within prescribed time limit	Number of Live Births Registered								
Delayed registration									
Within 30 days	After 30 days but within 1 year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female		
1	2	11	12	13	14	15	16	17	18
State Total									

Form No. 25 Live Births by Sex and Month of Occurrence

Sl. No. District Sex Months

January	February	March	April	May	June	July	August	September	October	November	December	Total
1	2	3	4	5	6	7	8	9	10	11	12	13

MFTState

Total

Form No. 26 Live Births by Type of Attention at Delivery (Rural and Urban)

Rural/Urban	Type of attention at Delivery	Total
Institutional	Doctor, nurse, and trained midwife	Traditional birth attendant
		Relatives and others
		Not stated
Government	Private and non-Government	
1	2	3
		4
		5
		6
		7
		8
Rural	Urban	(i) Towns with population one lakh and above
		Town 1
		Town 2
		(ii) All others
Urban areas	Urban	Total
State	Total	

Form No. 27 Live Births by Method of Delivery and type of institution for Institutional Births (Rural and Urban)

Method of Delivery	Type of Institution	Total
Government Hospital	Private and non-Government	
R	U	T
		R U T R U T
1	2	3
		4
		5
		6
		7
		8
		9
		10
Natural	Caesarean	Forceps/Vacuum
		Not Stated
State	Total	

Form No. 28 Live Births by Age of the Mother and Birth Order (Rural and Urban)

Age of Mother	Birth Order	Total
1	2	3
		4
		5
		6
		7
		8
		9
		10
		11
		12
		13 and above
		Not stated
1	2	3
		4
		5
		6
		7
		8
		9
		10
		11
		12
		13
		14
		15
		16
All Areas/	Rural Areas/	Urban Areas
Below 15	15-19	20-24
	25-29	30-34
	35-39	40-44
	45	
and above	Age not stated	
Total		

Form No. 29 Live Births by Birth Order and Age of the Mother for town with Population 1 Lakh and above

Age of Mother	Birth Order	Total
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1	2	3	4	5	6	7	8	9	10	11	12	13 and above	Not stated		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Below															
1515-1920-2425-2930-3435-3940-4445															
and aboveAge not stated															

Total

Form No. 30Live Births by Age and Level of Education of the Mother (Rural and Urban)

Age of mother	Level of education of the mother						
	Illiterate	Below primary	Primary but below metric	Matric but below Graduate	Graduate and above	Not stated	Total
1	2	3	4	5	6	7	8
All Areas/RuralAreas/Urban AreasBelow							
1515-1920-2425-2930-3435-3940-4445and							
aboveAge not stated							

Total

Form No. 31Live Births by Level of Education of the Father and Birth Order (Rural and Urban)

Level of Education of Father	Live Birth Order	Total														
1	2	3	4	5	6	7	8	9	10	11	12	13 and above	Not stated			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
All Areas/ Rural Areas/ Urban																
AreasIlliterateBelow PrimaryPrimary																
but below matricMatricbut below																
graduateGraduate and aboveNot stated																

Total

Form No. 32Live Births by Level of Education of the Mother and Birth Order (Rural and Urban)

Level of Education of mother	Live Birth Order	Total													
1	2	3	4	5	6	7	8	9	10	11	12	13 and above	Not stated		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

All Areas/ Rural Areas/ Urban
 AreasIlliterateBelow PrimaryPrimary
 but below matricMatricbut below
 graduateGraduate and aboveNot stated
 Total

Form No. 33Live Births by Age of Mother and Birth Order for each Level of Education of the Mother(Rural){||-| Age of Mother| Birth Order| Total|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13 and above| Not stated|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13| 14| 15| 16|-| All Educational Levels/Illiterate/Below Primary/Primary but below Matric/ Matric but below Graduate/Graduate and above.Below 1515-1920-2425-2930-3435-3940-4445 and aboveNot stated|-| Total|}All Educational Level also includes the education level not stated.

Form No. 34Live Births by Age of Mother and Birth Order for each Level of Education of the Mother(Urban){||-| Age of Mother| Birth Order| Total|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13 and above| Not stated|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13| 14| 15| 16|-| All Educational Levels/Illiterate/Below Primary/Primary but below Matric/ Matric but below Graduate/Graduate and above.Below 1515-1920-2425-2930-3435-3940-4445 and aboveNot stated|-| Total|}All Educational Level also includes the education level not stated.

Form No. 35Live Births by Age of the Mother, Birth Order and Religion of the Family(Rural){||-| Age of Mother| Birth Order| Total|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13 and above| Not stated|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13| 14| 15| 16|-| * All religions/Hindus/Muslims/Christians/Sikhs/Others**Below 1515-1920-2425-2930-3435-3940-4445 and aboveNot stated|-| Total|}* . Religion not stated have been included in "All religions".** . Minor religious groups have been combined under "Others".

Form No. 36Live Births by Age of the Mother, Birth Order and Religion of the Family(Urban){||-| Age of Mother| Birth Order| Total|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13 and above| Not stated|-| 1| 2| 3| 4| 5| 6| 7| 8| 9| 10| 11| 12| 13| 14| 15| 16|-| * All religions/Hindus/Muslims/Christians/Sikhs/Others**Below 1515-1920-2425-2930-3435-3940-4445 and aboveNot stated|-| Total|}* . Religion not stated have been included in "All religions".** . Minor religious groups have been combined under "Others".

Form No. 37Live Births by Occupation of the Father and Birth Order (Rural and Urban)

Occupation of Father	Birth Order	Total														13 and Not above stated
1	2	3	4	5	6	7	8	9	10	11	12					
1	2	3	4	5	6	7	8	9	10	11	12	13		14		15 16

All Areas/ Rural Areas/ Urban
 AreasProfessional, Technical and Related workers.Administrative,Executive and Managerial workers.Clerical and relatedworkers.Sales workers.Service workers.Farmers,Fishermen, Hunters, Loggers etc. and related workers.Productionand other related workers, Transport, Equipment Operators

and Labourers Workers whose occupation
are not elsewhere classified. Non-workers.

Total

Form No. 38 Live Births by Occupation of the Mother and Birth Order (Rural and Urban)

Occupation of Mother	Birth Order	Total												13 and Not above stated
1	2	3	4	5	6	7	8	9	10	11	12			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15 16

All Areas/ Rural Areas/ Urban
Areas Professional, Technical and Related
workers. Administrative, Executive and
Managerial workers. Clerical and
related workers. Sales workers. Service
workers. Farmers, Fishermen, Hunters,
Loggers etc. and related
workers. Production and other related
workers, Transport, Equipment Operators
and Labourers Workers whose occupation
are not elsewhere classified. Non-workers.

Total

Form No. 39 Live Births by Duration of Marriage of the Mother and Birth Order (Rural and Urban)

Duration of Marriage (in years)	Birth Order	Total												13 and Not above stated
1	2	3	4	5	6	7	8	9	10	11	12			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15 16

All Areas/ Rural Areas/ Urban
Areas Areas
0-45-910-1415-1920-2425-2930
and above Not stated

Total

Form No. 40 Live Births by Duration of Marriage and Age of the Mother (Rural and Urban)

Duration of marriage	Age of mother	Total											
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and not above stated						
1	2	3	4	5	6	7	8	9	10	11			

All Areas/ Rural Areas/ Urban
Areas 0-45-910-1415-1920-2425-2930 and
above Not stated

Total

Form No. 44 Live Births by Method of Delivery and Age of the Mother (Rural and Urban)

Method of delivery	Age of mother	Total							Not stated
		Below 15	15-19	20-24	25-29	30-34	35-39	40-44	
1	2	3	4	5	6	7	8	9	10 11
All Areas/RuralAreas/Urban									
AreasNaturalCaesareanForceps/VacuumNot stated									

Total

Form No. 45 Deaths by Place of Occurrence, Districts (Rural and Urban) and Towns with Population One Lakh and above

Sl. No.	District	Deaths by place of occurrence	Place of residence of deceased	Place of residence			
				Outside the State			
M	F	T	Within the area	Outside the area			
1	2	3	4	5	6	7	8
1. District :			R				
			U				
			T				
Town with population one lakh and above							
Town : 1							
Town : 2							
2. District : 2			R				
			U				
			T				
State Total-			R				
			U				
			T				

Form No. 46 Deaths by Place of Residence, Districts (Rural and Urban) and Towns with Population One Lakh and above

Sl. No.	District	Deaths by place of Occurrence		Death rate	Place of Residence of Deceased		
		M	F		T	Within the area	Outside the area
1	2	3		4	5	6	7 8
1. District :				R			

U

T

Town with population one lakh and above

Town : 1

Town : 2

2. District : 2

R

U

T

State Total-

R

U

T

Form No. 47Time Gap in Registration of Deaths (Rural and Urban)

Sl. No.	District	Rural							
Within prescribed time limit	Number of Deaths Registered								
Delayed registration									
Within 30 days	After 30 days but within 1 year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	2	3	4	5	6	7	8	9	10
State Total									

Sl. No.	District	Urban							
Within prescribed time limit	Number of Deaths Registered								
Delayed registration									
Within 30 days	After 30 days but within 1 year	After 1 year							
Male	Female	Male	Female	Male	Female	Male	Female		
1	2	11	12	13	14	15	16	17	18
State Total									

Form No. 48Deaths by Sex and Month of Occurrence

Sl. No.	District	Sex	Months											
January	February	March	April	May	June	July	August	September	October	November	December	Total		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
MFTState														
Total														

Form No. 49 Deaths by Type of Attention at Death (Rural and Urban)

Rural/Urban	Type of attention at death	Total	
Institution	Medical attention other than institution	No medical attention	
1	2	3	4 5
Rural	Urban	(i) Towns with population-1 lakh and above	Town 1
Town 2	(ii) All others	Urban areas	State
Total			

Form No. 50 Deaths by Age, Sex and Religion of the Deceased (Rural and Urban)

Age	Religion of the Deceased							
Hindus	Muslims	Christians	*Others	Total				
Male	Female	Total	Male	Female	Total	Male	Female	
1	2	3	4	5	6	7	8	
All Areas/Rural Areas/Urban Areas	Below							
1 year	1-45	15-24	25-34	35-44	45-54	55-64	65-70	and above
Age not stated								
Total								

* Minor religious group may be classified into others. Form No. 51 Deaths by age, occupation and sex (Rural)

Occupation of the deceased	Sex	10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated	Total
1	2	3	4	5	6	7	8	9	10	11	12
Professional, technical and related workers	MFT										
Administrative, Executive and managerial workers	MFT										
Clerical and related workers	MFT										
Sales workers	MFT										
Service workers	MFT										
Farmers, fishermen, hunters, loggers etc. and related workers	MFT										
Production and other related workers	MFT										
transport equipment operators and											

labourers

Workers whose

occupation are not
else-where classified

MFT

Non-workers

MFT

Total

MFT

Form No. 52 Deaths by age, occupation and sex (Urban)

Occupation of the deceased	Sex	10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated	Total
1	2	3	4	5	6	7	8	9	10	11	12
Professional, technical and related workers	MFT										
Administrative, Executive and managerial workers	MFT										
Clerical and related workers	MFT										
Sales workers	MFT										
Service workers	MFT										
Farmers, fishermen, hunters, loggers etc. and related workers	MFT										
Production and other related workers											
transport equipment operators and labourers	MFT										
Workers whose occupation are not else-where classified	MFT										
Non-workers	MFT										
Total	MFT										

Workers whose

occupation are not
else-where classified

MFT

Non-workers

MFT

Total

MFT

Form No. 53 Deaths by age, occupation and sex (All areas)

Occupation of the deceased	Sex	10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated	Total
1	2	3	4	5	6	7	8	9	10	11	12
Professional, technical and related workers	MFT										
Administrative, Executive and	MFT										

managerial workers

Clerical and related
workers MFT

Sales workers MFT

Service workers MFT

Farmers, fishermen,
hunters, loggers etc. and
related workers MFTProduction and other
related workerstransport MFT
equipment operators and
labourersWorkers whose
occupation are not MFT
else-where classified

Non-workers MFT

Total MFT

Form No. 54 Deaths by cause of Death, Age and Sex for all deaths medically certified or not

Sl. No.	Cause of death	Sex	Age of the deceased	Total							Age not stated			
Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		MFT												
	Total	MFT												

Form No. 55 Deaths by cause of Death, Age and Sex for medically certified deaths

Sl. No.	Cause of death	Sex	Age of the deceased	Total							Age not stated			
Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		MFT												
	Total	MFT												

Form No. 56 Infant deaths by place of Occurrence, District (Rural and Urban) and Towns with population one lakh and above

Sl. No.	District	Deaths by place of occurrence	Place of residence of Mother	Place of residence
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					outside the State		
M	F	T	Within the area		Outside the area		
1	2	3	4		5	6	7 8
1. District :			R				
			U				
			T				
Town with population one lakh and above							
Town : 1							
Town : 2							
2. District : 2			R				
			U				
			T				
State Total-			R				
			U				
			T				

Form No. 57 Infant deaths by place of Residence, Districts (Rural and Urban) and Towns with population one lakh and above

Sl. No. District		Death by place of residence of mother		Infants Morality Rate	Place of Occurrence		
M	F	T		Within the area	Outside the area		
1	2	3		4	5	6	7 8
1. District :			R				
			U				
			T				
Town with population one lakh and above							
Town : 1							
Town : 2							
2. District : 2			R				
			U				
			T				
State Total-			R				
			U				
			T				

Form No. 58 Infant Deaths by Age and Sex (Rural and Urban)

Sl. No.	Age	Rural	Urban	All areas
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Male	Female Total			Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10 11
1. 7 days	2. 7 days-28 days	3. 28 days-1 year	4. Ager	not stated	Total				

Form No. 59 Pregnancy related deaths by Age Group of the Deceased and cause of death for Medically Certified Deaths (Rural and Urban)

Cause of death	Age of the deceased	Total							
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	not stated	
1	2	3	4	5	6	7	8	9	10 11
All areas/Rural areas									
areas/Urban areas									
Total									

Form No. 60 Pregnancy related deaths by Age Group of the Deceased and cause of death for all deaths Medically Certified or not (Rural and Urban)

Cause of death	Age of the deceased	Total							
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	not stated	
1	2	3	4	5	6	7	8	9	10 11
All areas/Rural areas									
areas/Urban areas									
Total									

Form No. 61 Pregnancy related deaths by Age and Level of Education (Rural and Urban)

Age	Level of education							
Illiterate	Below primary	Primary but below matric	Matric but below Graduate	Graduate and above	Not stated	Total		
1	2	3	4	5	6	7	8	
Rural Areas/Urban Areas								
All Areas								
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	
Not stated								
Total								

Form No. 62 Table D 18 : Pregnancy Related Deaths by Age and occupation (Rural and Urban)

Occupation of the deceased	Age of the deceased	Total						
Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Age not stated

1	2	3	4	5	6	7	8	9	10	11
							above	stated		
All Areas/Rural Areas/Urban Areas	Professional, technical and related workers	Administrative, Executive and managerial workers	Clerical and related workers	Sales workers	Service workers	Farmers, fishermen, hunters, loggers etc. and related workers	Production and other related workers	transport equipment operators and labourers	Workers whose occupation are not elsewhere classified	Non-workers
Total										

Form No. 63 Deaths by Selected Cause of Death, Age, Sex and Habit (Rural)

Sl. No.	Selected cause of death	Sex	Age group	Total									
Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated					
1	2	3	4	5	6	7	8	9	10	11	12	13	
		MFT	Only smoking/ only chewing tobacco/ only chewing arecanut/only drinking alcohol/smoking and chewing tobacco/smoking and chewing arecanut/ smoking and drinking alcohol/chewing tobaccoand arecanut/ chewing tobacco and drinking alcohol/ chewingarecanut and drinking alcohol/ smoking, chewing tobacco andarecanut/ smoking chewing tobacco and drinking/ alcohol/ chewingarecanut and drinking alcohol/ chewing tobacco, arecanut										

and drinking alcohol/ All
habit/ habit not known.

Form No. 64 Deaths by Selected Cause of Death, Age, Sex and Habit (Urban)

Sl. No.	Selected cause of death	Sex	Age group	Total									
Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated					
1	2	3	4	5	6	7	8	9	10	11	12	13	
			Only smoking/ only chewing tobacco/ only chewing arecanut/only drinking alcohol/smoking and chewing tobacco/smoking andchewing arecanut/ smoking and drinking alcohol/chewing tobaccoand arecanut/ chewing tobacco and drinking alcohol/ chewingarecanut and drinking alcohol/ smoking, chewing tobacco andarecanut/ smoking chewing tobacco and drinking/ alcohol/ chewingarecanut and drinking alcohol/ chewing tobacco, arecanut anddrinking alcohol/ All habit/ habit not known.										

Form No. 65 Deaths by Selected Cause of Death, (Age, Sex and Habit (All Areas)

Sl. No.	Selected cause of death	Sex	Age group	Total									
Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated					
1	2	3	4	5	6	7	8	9	10	11	12	13	
			Only smoking/ only chewing tobacco/ only chewing arecanut/only drinking alcohol/smoking and chewing tobacco/smoking andchewing										

arecanut/ smoking and
drinking alcohol/chewing
tobaccoand arecanut/
chewing tobacco and drinking
alcohol/ chewingarecanut
and drinking alcohol/
smoking, chewing tobacco
andarecanut/ smoking
chewing tobacco and
drinking/ alcohol/
chewingarecanut and
drinking alcohol/ chewing
tobacco, arecanut
anddrinking alcohol/ All
habit/ habit not known.

Form No. 66 Still Births by Place of Occurrence in Districts (Rural and Urban)

Sl. No.	District	Still Birth by place of occurrence	Place of residence of Mother	Place of residence outside the State	
M	F	T	Within the area	Outside the area	
1	2	3	4	5	6 7 8
State Total-		R			
		U			
		T			

Form No. 67 Still Births by place of Residence in Districts (Rural and Urban)

Sl. No.	District	Still birth by place of residence of mother	Still Birth Rate	Place of occurrence of Still Birth	
M	F	T	Within the area	Outside the area	
1	2	3	4	5	6 7 8
State Total-		R			
		U			
		T			

Form No. 68 Still Births by Sex and Age of the Mother (Rural and Urban)

Age of mother		Still Births							
Rural Areas		Urban Areas		All Areas					
Male		Female		Total		Male		Female	
1	2	3	4	5	6	7	8	9	10
Below 15									
years15-19									
20-24									
25-29									
30-34									
35-39									
40-44									
45 and									

aboveAge not statedTotal

Form No. 69Still Births by Sex and Duration of Pregnancy (Rural and Urban)

Duration of pregnancy (in weeks) Still Births

Rural Areas	Urban Areas		All Areas								
	Male	Female	Total	Male	Female	Total	Male	Female	Total		
1	2	3	4	5	6	7	8	9	10		

3232-3637-3940-41+Not statedTotal

Form No. 70Still Births by Sex and Type of Medical Attention Received at Delivery (Rural and Urban)

Rural /Urban	Type of attention at deliver		Total								
	Institutional	Doctor, nurse and technical midwife	Traditional Birth attendant	Relatives and others	Not Stated						
1	2	3	4	5	6	7	8	9	10		

RuralUrban(i) Town with population one lakh and aboveTown-1Town-2(ii) Urban areasUrban areasState Total

Form No. 71Still Birth by Cause of Still Births and Age of the Mother (Rural and Urban)

SI. No.	Cause of Still Births		Age of mother		Total							
	Below 15	16-19	20-24	25-29	30-34	35-39	40-44	45 and above	Not stated			
1	2	3	4	5	6	7	8	9	10	11	12	

Ruralareas/Urban areas/All areasTotal

Form No. 72Still Births by Cause of Still Births and Age of the Mother (Rural and Urban)

Sl. No.	Age of mother		Duration of pregnancy (in weeks)		Total							
	Below 32	32-36	37-39	40-	41+	Not state						
1	2	3	4	5	6	7	8	9	10	11	12	

Rural areas/Urban areas/All

AreasTotal