Registered No. HSE-49/2016

RIGHT TO INFORMATION

ఆంధ్రప్రదేశ్ రాజపత్రము

THE ANDHRA PRADESH GAZETTE

PUBLISHED BY AUTHORITY

W.No.7 AMARAVATI, TUESDAY, FEBRUARY 17, 2026 **G.596**

PART I - NOTIFICATIONS BY GOVERNMENT, HEADS OF DEPARTMENTS AND OTHER OFFICERS

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NOTIFICATIONS BY GOVERNMENT

HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT

(E)

ANDHRA PRADESH REGISTRATION OF BIRTHS AND DEATHS RULES, 2025.

[G.O.Ms.No.28, Health, Medical & Family Welfare (E), 17th February, 2026.]

NOTIFICATION

ANDHRA PRADESH REGISTRATION OF BIRTHS AND DEATHS RULES, 2025

In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No.18 of 1969), as amended by the Registration of Births and Deaths (Amendment) Act, 2023 (Central Act No. 20 of 2023) the State Government of Andhra Pradesh with the approval of the Central Government, hereby makes the following Rules to replace the Andhra Pradesh Registrations of Births and Deaths Rules, 1999 namely:-

1.Short Title:

(1) These rules may be called the Andhra Pradesh Registration of Births and Deaths Rules, 2025.

(2) They shall come into force with effect from **17.02.2026** through notification published in the Andhra Pradesh Gazette.

(3) On and from the commencement of these rules, the Andhra Pradesh Registrations of Births and Deaths Rules, 1999 Shall stand repealed.

2.Definitions:

In these rules, unless the context otherwise requires;

(a) "Act "means the Registration of Births and Deaths Act,1969 (Central Act No.18 of 1969), as amended from time to time.

(b) "Form" means a form appended to these rules, and

(c) "Section" means a section of the act.

3. Period of gestation:

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

4. Submission of report under sub-section (4) of section 4:

(1) The Annual Report (working of the act) under sub section (4) of section 4 shall be prepared in the prescribed format appended to these rules and shall be submitted along with the statistical report referred to in sub-section (2) of section 19, to the State and Central Government, every year on or before **31st July**, for the preceding year, by the Chief registrar.

5. Forms etc. for giving information of Births and Deaths under sections 8 and 9:

(1). The information required to be given to the Registrar under section 8 or section 9 shall be furnished in Form Nos.1,2 and 3 for registration of birth, death, stillbirth respectively, hereinafter to be collectively called the reporting forms. Where such information is given orally, the Registrar shall enter the same in the appropriate reporting forms and obtain the signature/thumb impression of the informant.

(2). The part of the reporting forms containing legal information shall be called the **"Legal Part"** and the part containing statistical information shall be called the **"Statistical Part"**.

(3). The information referred to in sub-rule (1) shall be given within twenty-one days from the date of birth, death, and stillbirth.

(4). Name, wherever it occurs, in Forms shall be entered in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.

(5). Date, wherever it occurs, in Forms referred to in Andhra Pradesh Registration of Births and Deaths Rules, 2025, shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits

(6)The address, wherever it occurs, in Forms referred to in Andhra Pradesh Registration of Births and Deaths Rules, 2025, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

6. Birth or Death in a Vehicle:

(1). In respect of the Birth or Death in a moving vehicle, the person in charge of the vehicle shall give or cause to be given the information under sub-section (1) of section 8 at the first place of halt.

Explanation:

(1). 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 motorcycle, a cart, a Tonga and a rickshaw.

(2). In the case of deaths (not falling under clauses (a) to (e) of sub-section (1) of section (8) in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section(1) of section 8.

7. Certificate to be given under Sub-sections (2) and (3) of section10:

(1). The certificate as to the cause of death, including the history of illness, if any, required under sub-sections (2) and (3) of section 10 shall be issued, in Form No.4 and 4A respectively and the Registrar shall, after making necessary entries in the register of deaths forward all such certificates to the Chief Registrar or the officer specified by him on his behalf by the 10th of the month immediately following the month to which the certificates relate.

8. Certificates of registration of births or deaths to be given under section 12:

(1). The certificate of birth or death extracted from the register relating to births or deaths to be given to an informant electronically or otherwise under section 12 shall be given in Form No.5 or Form No.6, as the case may be.

(2). In the case of domiciliary events of births and deaths, as the case may be, referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of section 8 which are reported direct to the Registrar of Births and Deaths, 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, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.

(3). In the case of domiciliary events of births and deaths referred to in clause(a) of sub-section (1) of section 8 which are reported by the persons specified by the State Government under sub-section(2) of the said section, the person so specified shall transmit electronically or otherwise the certificate received from the Registrar of births and deaths to the concerned head of the house or household as the case may be or in his absence, the nearest relative of the head present in the house or, in his absence, the oldest adult person present, within thirty days of its issue by the Registrar.

(4). In the case of Institutional events of births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc) of sub-section (1) of section 8, the nearest relative of the new-born or deceased may obtain

electronically or otherwise the certificate 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 certificate 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 in the expiry of the aforesaid period.

9. Authority for delayed registration and fee payable under section 13:

(1). Any birth or death of which information is given to the registrar after the expiry of the period specified in Sub-rule (3) of Rule 5 and within thirty (30) days of its occurrence, shall be registered on the payment of a late fee of Rs.25/- (Rupee twenty-five only).

(2). Any birth or death of which delayed information is given to the Registrar after thirty (30) days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or Statistical Officer, O/o District Registrar of Births and Deaths and on payment of a late fee of Rs.250/- (Rupees two hundred and fifty only) and on production of self-attested document, electronically or otherwise, in Form No.14.

(3). Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate, not below the rank of Revenue Divisional Officer (RDO), authorised by the District Magistrate having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of Rs. 500/- (Rupees five hundred only).

10. Period for the purpose of section 14:

(1). Where the birth of any child had been registered without a name, the parents / guardian of such child Shall, within 12 months from the date of registration of the birth of a child, give information regarding the name of the child to the registrar either orally or in writing and the registrar shall enter the name of the child in the birth register at free of cost.

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) (a) In case where the registration had been made prior to 01-01-2000, further 5 years period from 22-01-2021 shall be given. or

(b) In case where the registration had been made after 01-01-2000 and 15 years period from date of registration has already been lapsed, they shall also be given 5 years period 22-01-2021. In respect of those cases, where fifteen (15) years period from the date of registration has not yet been lapsed, they shall be allowed to avail the 15 years period. or

(ii) In case where the registration is made after the date of commencement of the Andhra Pradesh Registration of Births and Deaths Rules 2025, the period of 15 years 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 forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of Rs.250/- (Rupees two hundred and fifty only).

(b) If the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of Rs.250/- (Rupees two hundred and fifty only).

(2). The parents or the guardian, as the case may be, shall also furnish a copy of the certificate given to them under section 12 or a certificate issued to them to the Registrar 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) of section 17.

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 State Government or the officer specified by it 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 State Government or the office specified by it in this behalf and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has be 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 in the manner prescribed under section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(5). Notwithstanding anything contained in sub rule (1) and sub rule (4) the Registrar shall make a 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 and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorized by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him take necessary action in the matter.

(7). In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

12. Form of register under section 16:

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

13. Fees payable under section 17:

(1) The fees payable for a search to be made, a certificate of birth or death, or a non-availability certificate to be issued under section17, electronically or otherwise, shall be as follows:

a. Search for a single entry in the first year for which the search is made Rs. 50/- (Rupees fifty only).

b. For every additional year for which the search is continued Rs.25/- (Rupees twenty-five only).

c. For granting certificate relating to each birth or death Rs. 50/- (Rupees fifty only).

d. For granting a non-availability certificate of birth or death Rs. 50/- (Rupees fifty only).

(2) Any such certificate on the basis of extract from the register relating to birth or death shall be issued under section 17, by the Registrar or the officer authorized by the State Government in this behalf in Form No.5 or 6 as the case may be and shall be certified in the manner provided for under section 76 of the Indian Evidence Act, 1872 (Act No.1 of 1872).

(3) If any particular event of birth or death is not found registered, the Registrar shall issue a non-availability certificate in Form No.10.

(4) Any such certificate or non-availability certificate may be furnished to the person asking for it or sent to him by post on payment of the postal charges therefor.

(5) The fees/penalty payable under this act for the purpose shall be credited as follows:

Registration Authority	Funds to be Credited
a. All Urban Local Bodies	To the concerned Urban Local Body account.
b. Gram Panchayats	To the Gram Panchayat account provided by the PR&RD Department.
c. Govt Hospitals and others.	To the Chief Registrar of Births and Deaths account.

14. Interval and forms of periodical returns under section 19(1):

(1) Every Registrar shall, after completing the process of registration, send all the Statistical parts of the reporting 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 stillbirths to the Chief Registrar or the officer specified by him on or before the 5th of the following month.

(2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th of the month.

15.Statistical report under section 19(2):

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

16. Conditions for compounding offences:

(1). Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, may be compounded by an officer authorized by the Chief Registrar by a general or special order in this behalf, if the officer so authorized is satisfied that the offense 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 Rs.250/- (Rupees two hundred and fifty only) for offences under sub-sections (1), (2) and (4), Rs.50/- (Rupees fifty only) for offences under sub-section (3), and Rs.1000/- (Rupees one thousand only) in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.

16A. Appeal: An appeal under sub-section (1) of section 25A shall be preferred in Form No.15.

17. Registers and other records under section 30(2)(K):

(1).The birth register, death register, and stillbirth register shall be permanent records and shall not be destroyed. It is the responsibility of the registrar to bind all the legal parts of form No. 1, 2 and 3 and put them in a safe custody.

(2).The permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 for delayed registration 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 (2) and (3) of section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.

(4). Every birth register, death register, and stillbirth register shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year to which it relates and such register shall thereafter be transferred for safe custody to such officer as may be specified by the State Government in this behalf.

18. Forms and other records:

The existing Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12, and 13 are replaced with revised forms. In addition to these forms, **Form Nos. 14 & 15 shall be incorporated newly.**

Format of the report on the working of the Act (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 of Births and Deaths.
8. Progress in the medical certification of cause of death.
9. Maintenance of Records.
10. Search of Births and Deaths register for issue of certificates.
11. Delayed registration.
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.
16. Data Tables as specified by ORGI.

Note: Revised Forms for the use of RBD Act,2023 as mentioned in Rule 18 as attached separately.

SAURABH GAUR,
Secretary to Government.

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

To be filled by the informant

1. **Date of Birth :** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") **:**

3. **Child's Details (**If not named, leave blank) **:-**
   (a) Name, if any : First Name Middle Name Last Name
   (b) Aadhaar No, if available:

4. **Father's Details:-**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

5. **Mother's Details:-**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

7. **Permanent address of parents:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

9. **Informant's Details:**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No.
   (d) Email Id.
   (e) **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 22, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village:
Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.1
(See Rule 5)
BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

10. **Town or Village of Residence of the mother** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name)**:**
    Town or Village: Sub-district:
    District: State or Union Territory:
    PIN Code:

11. **For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
    (a) **Religion of Father:**
    (b) **Religion of Mother:**

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

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

14. **Father's Occupation:**

15. **Mother's Occupation:**

16. **Age of the mother (in completed years) at the time of marriage** (If married more than once, age at first marriage is to be written):

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) :

(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.)

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

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :
Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth : D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1: BIRTH REPORT

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.</td></tr>
<tr><td>3,4,5,9</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If child is not named, leave blank.
Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).</td></tr>
<tr><td>6,7,8,9</td><td>Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>8</td><td>Tick the appropriate entry for place of birth
1. Hospital / Institution
2. House
3. Other place
Give the name and address of the “Hospital / Institution” or the address of the “House” or ‘Other place” where the birth took place.</td></tr>
<tr><td>10</td><td>Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.</td></tr>
<tr><td>12,13</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>14, 15</td><td>Occupation - Write one of following—
1. Cultivator
2. Agriculture Labourer
3. Daily Wages Earner(Other than Agriculture Labourer)
4. Single/Family Worker/Self Employed
5. Employer
6. Government Employee
7. Private Employee(Other than Domestic Helper)
8. Domestic Helper
9. Non-Worker</td></tr>
</table>

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

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

To be filled by the informant

1*. **Date of Birth :** D D - M M - Y Y Y Y

2*. **Sex** (Enter "Male" or "Female" or "Transgender person") **:**

3. **Child's details (**If name is changed on adoption, write new name**):-**
(a) Name of the Child First Name Middle Name Last Name
(b) Aadhaar No., if available:

4*. **Mother's Details** (If known)**:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:

5*. **Father's Details** (If known)**:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:

6. **Details of adoption deed / order:-**
(a) Date: D D - M M - Y Y Y Y
(b) Number of Adoption deed / order:

7. **Adoptive Mother's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:

8. **Adoptive Father's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:

9. **Address of adoptive parents as recorded in Adoption deed / order:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

10. **Permanent address of adoptive parents:** House No: Locality:
Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

11*. **Place of birth:** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the 'Institution" or the address of the "House" or 'Other place" where the birth took place) **:**
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No. Locality:
Ward number (in case of town and if available): Town or Village:
Sub-district: District:
State or Union Territory: PIN Code:

12. **If adoption through agency write the address of the Adoption agency:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

13. **Informant's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:
(e) **Address :** House No: Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

***As contained in the original birth certificate.**

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 18, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village: Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.1-A Statistical information (See Rule 5)
BIRTH REPORT FOR ADOPTED CHILD
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

14. **For Religion** [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
(a) **Religion of Adoptive Father:**
(b) **Religion of Adoptive Mother:**
15. **Adoptive Father's level of education:**
16. **Adoptive Mother's level of education:**
17. **Adoptive Father's Occupation:**
18. **Adoptive Mother's Occupation:**

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

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit : Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth : D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

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

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1, 6</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023.
If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be.
Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.</td></tr>
<tr><td>3,4,5,7,8,13</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.</td></tr>
<tr><td>9,10,11,12,13</td><td>Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>15,16</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>17,18</td><td>Occupation - Write one of following—
1. Cultivator
2. Agriculture Labourer
3. Daily Wages Earner(Other than Agriculture Labourer)
4. Single/Family Worker/Self Employed
5. Employer
6. Government Employee
7. Private Employee(Other than Domestic Helper)
8. Domestic Helper
9. Non-Worker</td></tr>
</table>

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths (Amendment) Act, 2023.
The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM NO.2 (See Rule 5)

DEATH REPORT

Legal information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Death Register

To be filled by the informant

1. **Date of Death** D D - M M - Y Y Y Y

2. **Deceased's Details:-**
   - (a) Name: First Name / Middle Name / Last Name
   - (b) Aadhaar No, if available:
   - (c) Date of Birth : D D - M M - Y Y Y Y
   - (d) Age:

3. **Sex** (Enter "Male" or "Female" or "Transgender person") :

4. **Mother's Details:-**
   - (a) Name: First Name / Middle Name / Last Name
   - (b) Aadhaar No, if available:
   - (c) Mobile No:
   - (d) Email Id:

5. **Father's Details:-**
   - (a) Name: First Name / Middle Name / Last Name
   - (b) Aadhaar No., if available:
   - (c) Mobile No:
   - (d) Email Id:

6. **Spouse's (husband / wife) Details:-**
   - (a) Name: First Name / Middle Name / Last Name
   - (b) Aadhaar No., if available:
   - (c) Date of Birth : D D - M M - Y Y Y Y
   - (d) Age (in completed years):
   - (e) Mobile No:
   - (f) Email Id:

7. **Address of the deceased at the time of death:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

8. **Permanent address of the deceased:** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

9. **Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

10. **Informant's Details:-**
    - (a) Name: First Name / Middle Name / Last Name
    - (b) Aadhaar No., if available:
    - (c) Mobile No:
    - (d) Email Id:
    - (e) **Address :** House No :
      Locality: Ward number (in case of town and if available):
      Town or Village: Sub-district: District:
      State or Union Territory: PIN Code:

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.2 (See Rule 5)

DEATH REPORT

Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the informant

11. **Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
    Town or Village: Sub-district:
    District: State or Union Territory:
    PIN Code:

12. **Religion** (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):

13. **Occupation of the deceased:**

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

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 arecanut 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

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Date of Death : D D - M M - Y Y Y Y

Sex : Male / Female / Transgender person

Age of deceased:

Place of death : 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

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

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Father's Details:-**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

4. **Mother's Details:-**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:

5. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
   1.Hospital / Institution **Name :**
   2. House 3. Other place **Address :** House No. Locality:
   Ward number (in case of town and if available): Town or Village:
   Sub-district: District:
   State or Union Territory: PIN Code:

6. **Informant's Details:**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No., if available:
   (c) Mobile No:
   (d) Email Id:
   (e) **Address :** House No:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 12, informant will put date and signature)

Date: D D M M Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village:
Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be detached and sent for statistical processing

FORM NO.3
(See Rule 5)
STILL BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

7. **Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
   Town or Village: Sub-district:
   District: State or Union Territory:
   PIN Code:

8. **Age of the mother (in completed years) at the time of this birth :**

9. **Mother's level of education:**

10. **Type of attention at delivery** (Tick the appropriate entry below):
    1. Institutional-Government
    2. Institutional – Private or Non-Government
    3. Doctor, Nurse or Trained Midwife
    4. Traditional Birth Attendant
    5. Relatives or others

11. **Duration of pregnancy** (in weeks) :

12. **Cause of foetal death** (if known):

(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.)

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

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :
Registration No. :
Registration Date: D D - M M - Y Y Y Y
Date of Birth : D D - M M - Y Y Y Y
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

<table>
<tr><th>Item No.</th><th>Instructions</th></tr>
<tr><td>1</td><td>Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</td></tr>
<tr><td>2</td><td>Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.</td></tr>
<tr><td>3,4,6</td><td>Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.</td></tr>
<tr><td>5,6</td><td>Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.</td></tr>
<tr><td>5</td><td>For Place of birth tick the appropriate entry
1. Hospital / Institution
2. House
3. Other place
Give the name and address of the “Hospital / Institution” or the address of the “House” or ‘Other place” where the birth took place.</td></tr>
<tr><td>7</td><td>Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.</td></tr>
<tr><td>9</td><td>Level of Education – Write one of following—
<table>
<tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr>
<tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr>
<tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr>
<tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr>
<tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr>
</table>
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</td></tr>
<tr><td>12.</td><td>Cause of foetal death – Write one of following—
<table>
<tr><td>1. Bleeding (Hamorrhage)</td><td>7. Diabetes in the mother</td><td>13. Infection in the mother Parvovirus B19</td></tr>
<tr><td>2. Problems with Placental</td><td>8. Infection in the mother Coxsackie virus</td><td>14. Infection in the mother Q fever</td></tr>
<tr><td>3. Problem with umbilical cord</td><td>9. Infection in the mother Herpes simplex</td><td>15. Infection in the mother Rubella (German measles)</td></tr>
<tr><td>4. Pre-eclampsia</td><td>10. Infection in the mother Leptospirosis</td><td>16. Infection in the mother Flu</td></tr>
<tr><td>5. Genetic physical defect in the baby</td><td>11. Infection in the mother Lyme disease</td><td>17. Infection in the mother Toxoplamosis</td></tr>
<tr><td>6. Liver disorder in the mother (obstestric cholestas)</td><td>12. Infection in the mother Malaria</td><td>18. Not stated</td></tr>
</table></td></tr>
</table>

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

FORM NO. 4

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

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

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital .....

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....

on D D - M M - Y Y Y Y at.....A.M. / P.M.

NAME OF DECEASED: First Name	Middle Name	Last Name		For use of Statistical Office
Sex	Age at Death			
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours
1. Male 2. Female 3. Transgender person				

CAUSE OF DEATH

		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) ..... due to (or as a consequences of)	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) ..... due to (or as a consequences of)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	(c)	

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

Name and signature of the Medical Attendant certifying the cause of death

Date of verification : D D - M M - Y Y Y Y

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

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

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

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

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths (Amendment) Act, 2023 to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter of .....resident of ..... was under my treatment from ..... to ..... and he/she died

on D D - M M - Y Y Y Y at.....A.M. / P.M.

NAME OF DECEASED: First Name Middle Name Last Name					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender Person					

CAUSE OF DEATH

		Interval between onset and death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) ..... due to (or as a consequences of)	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b) ..... due to (or as a consequences of)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	(c)	

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No

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

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification : D D - M M - Y Y Y Y

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

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

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

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

No. Form-5

Government of Andhra Pradesh
Department of Health, Medical and Family Welfare
(Name of the local body issuing certificate)

BIRTH CERTIFICATE

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the Andhra Pradesh Registration of Births and Deaths (Amendment) Rules.....(Year of notifying the revised rules).

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) ..... of Sub-district ..... of District .....of State/Union territory .....

Name: .....
Sex.....
Date of Birth.....
Place of birth.....
Name of Mother.....
Aadhaar No. of Mother .....

Name of Father .....
Aadhaar No. of Father .....

Address of parents at the time of birth of the child :
.....
.....
.....
.....

Permanent address of parents:
.....
.....
.....
.....

Registration No :..... Date of Registration.....
Remarks (if any).....
Date of issue:.....

Signature of the issuing authority
Address of the issuing authority
Seal

Ensure registration of every birth and death

No. Form-6

Government of Andhra Pradesh
Department of Health, Medical and Family Welfare
(Name of the local body issuing certificate)

DEATH CERTIFICATE

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the Andhra Pradesh Registration of Births and Deaths (Amendment) Rules.....(Year of notifying the revised rules).

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 Sub-district ..... of District .....of State/Union territory .....

Name: .....

Aadhaar No. of deceased.....

Sex.....

Date of Death.....

Place of Death.....

Name of Mother.....

Aadhaar No. of Mother.....

Name of Father.....

Aadhaar No. of Father.....

Name of Husband / Wife.....

Aadhaar No. of Husband / Wife.....

Address of the deceased at the time of death:
.....
.....
.....

Permanent address of the deceased:
.....
.....

Registration No :.....

Date of Registration.....

Remarks (if any).....

Date of issue:.....

Signature of the issuing authority
Address of the issuing authority
Seal

Ensure registration of every birth and death

FORM NO.7

(See Rule 12)

BIRTH REGISTER

Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Child's Details (**If not named, leave blank) **:-**

(a) Name, if any : First Name | Middle Name | Last Name

(b) Aadhaar No, if available:

4. **Father's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

5. **Mother's Details:-**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory. PIN Code.

7. **Permanent address of parents:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place' where the birth took place) :
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

9. **Informant's Details:**

(a) Name: First Name | Middle Name | Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 23, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any).

Name and Signature of the Registrar

FORM NO.8
(See Rule 12)
DEATH REGISTER
Legal information
This part to be added to the Death Register

To be filled by the informant

1. **Date of Death** D D - M M - Y Y Y Y

2. **Deceased's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No, if available:
(c) Date of Birth : D D - M M - Y Y Y Y
(d) Age:

3. **Sex** (Enter "Male" or "Female" or "Transgender person") :

4. **Mother's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No, if available:
(c) Mobile No:
(d) Email Id:

5. **Father's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:

6. **Spouse's (husband / wife) Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Date of Birth : D D - M M - Y Y Y Y
(d) Age (in completed years):
(e) Mobile No:
(f) Email Id:

7. **Address of the deceased at the time of death:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

8. **Permanent address of the deceased:** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

9. **Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) :
1.Hospital / Institution **Name :**
2. House 3. Other place **Address :** House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

10. **Informant's Details:-**
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No., if available:
(c) Mobile No:
(d) Email Id:
(e) **Address :** House No.:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :
Registration Date: D D - M M - Y Y Y Y
Registration Unit :
Town / Village: Sub-District: District:
Remarks (if any):
Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar

FORM NO.9

(See Rule 12)

STILL BIRTH REGISTER

Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :** D D - M M - Y Y Y Y

2. **Sex** (Enter "Male" or "Female" or "Transgender person") **:**

3. **Father's Details:-**

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

4. **Mother's Details:-**

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

5. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place) **:**

1.Hospital / Institution **Name :**

2. House 3. Other place **Address :** House No. Locality:

Ward number (in case of town and if available): Town or Village:

Sub-district: District:

State or Union Territory: PIN Code:

6. **Informant's Details:**

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No., if available:

(c) Mobile No:

(d) Email Id:

(e) **Address :** House No:

Locality: Ward number (in case of town and if available):

Town or Village: Sub-district: District:

State or Union Territory: PIN Code:

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 12, informant will put date and signature)

Date: D D - M M - Y Y Y Y **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :

Registration Date: D D - M M - Y Y Y Y

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

FORM No.10
(See Rule 13)

NON-AVAILABILITY CERTIFICATE
(Issued under Section 17 of the Registration of Births & Deaths (Amendment) Act, 2023)

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 *(Sub-District)* ……………………………………………. of *(District)* ………………………………………… of *(State)* ………………………………….. and found that the event relating to the birth/death of ………………………………………… son/wife/daughter of ………………………………… was not registered.

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

Signature of issuing authority

Seal

FORM No. 11*(See rule 14)*

SUMMARY MONTHLY REPORT OF BIRTHS

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

2. District:

3. Town/ Village:

4. Registration Unit:

5. Number of Births Registered during the month:

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

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

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

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

Signature and Name
of the Registrar

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

Submitted to the Chief Registrar/District Registrar

FORM No. 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 (Including all Infant deaths & Child Deaths & Maternal Deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five years)				Maternal Deaths
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total	

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

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

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

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

Signature and Name
of the Registrar

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

Submitted to the Chief Registrar/District Registrar

FORM No. 13 *(See rule 14)*

SUMMARY MONTHLY REPORT OF STILL BIRTHS

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

2. District:

3. Town/ Village:

4. Registration Unit:

4. Number of Still Births Registered during the month:

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

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

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

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

Signature and Name
of the Registrar

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

Submitted to the Chief Registrar/District Registrar

Form No. 14
(See Rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths (Amendment), Act 2023

DECLARATION

I……,son/daughter/wife of ……,resident of …… do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of_____(name of child / deceased)_____son/daughter/spouse of ……;
2. He / she was born / died on ___(date of birth / death)_____ at (place of birth / death)……;
3. He / she was attended at birth /death by _____ who resides at_____;
4. The reason(s) for the delay in reporting of his / her birth /death are _____ _____;
5. His / her birth / death certificate is required for the purpose of _____;

DECLARATION:

☐ *I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.*

Name and Signature or
left thumb mark of the informant

Date | D | D | - | M | M | - | Y | Y | Y | Y |

Notes:

1. *Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.*

2. *Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.*

3. *Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.*

Form No. 15
(See Rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths (Amendment), Act 2023)

1. Aggrieved by an action or order of: Registrar / District Registrar (details of office to be provided as below)

State	District	Sub-District	Village/Town	Locality	RU ID	Name of Registrar / Distt. Registrar

2. Account of Event Leading to appeal with date and order no. etc.
(Provide a detailed account of the occurrence, use attachments, if necessary)

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date D D - M M - Y Y Y Y

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. *Please retain a copy of this form for your own records.*
2. *Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.*
3. *Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.*
4. *Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.*
5. *Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.*

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