



सत्यमेव जयते

UNION TERRITORY OF JAMMU & KASHMIR

Registration of Births and Deaths Rules, 2022

Amended by the Registration of Births and Deaths (Amendment) Rules, 2025



Chief Registrar, Births and Deaths, J&K

(Directorate of Economics and Statistics, J&K)

Planning Development & Monitoring Department

www.ecostatjk.nic.in, <https://jkplanning.gov.in/>

email: jandk-des@jk.gov.in

dc.crsorgi.gov.in

Registration of Births and Deaths Rules, 2022

*As amended by
Registration of Births and Deaths (Amendment) Rules,
2025*

Notifications and CRS Forms

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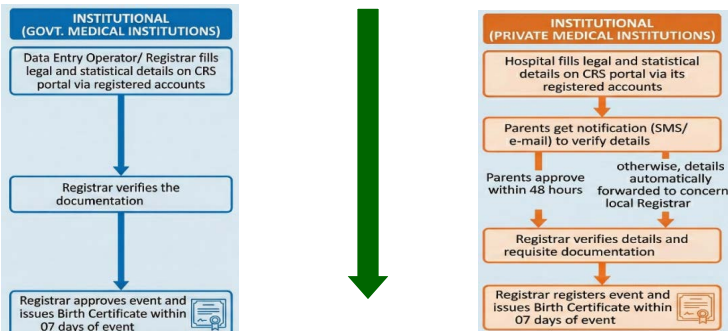
Registration of Births and Deaths: Hierarchy & Process Flow

Civil Registration System in UT of J&K

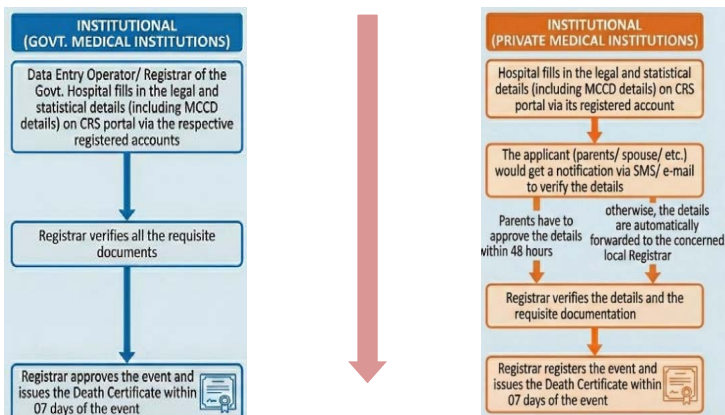
Role	Designated Officer/ Official	Department	Responsibility
Chief Registrar	Director General, Economics & Statistics, J&K	Planning, Development & Monitoring Department	Implementation of RBD Act across the UT of J&K
Addl. Chief Registrar	Regional Director, Evaluation & Statistics, Kashmir/ Jammu	Planning, Development & Monitoring Department	Implementation of RBD Act across respective divisions
Deputy Chief Registrar	Joint Director (Central), DES, J&K	Planning, Development & Monitoring Department	Assisting Chief Registrar in implementation of the RBD Act
Assistant Chief Registrar	Dy. Director (HQ), Directorate of Health Services, Kashmir/ Jammu	Health & Medical Education Department	Providing necessary cooperation to Chief Registrar, Birth & Death from Health Department for implementation of RBD Act.
District Registrar	Chief Medical Officer	Health & Medical Education Department	Implementation of the Act in districts
Addl. District Registrar	District Statistics & Evaluation Officer	Planning, Development & Monitoring Department	Granting permission for registering events occurred after 30 days but within 01 year as per the provision of RBD Act
Registrar (Govt. Hospitals)	Medical Superintendent/ Medical Officers in charge of Govt. Hospitals/ Institutions	Health & Medical Education Department	Registration of Birth & Death events occurred in Govt. health institutions
Registrar (Urban Areas)	Health Officer, JMC/SMC; CEO/ EO, Municipal Councils/Municipalities/ Urban Local Bodies	Housing & Urban Development Department	Registration of events occurred in Private medical institutions and domiciliary events in urban areas as per the provision of RBD Act
Registrar (Rural Areas)	Block Development Officer	Rural Development Department	Registration of events occurred in Private medical institutions and domiciliary events in rural areas as per the provision of RBD Act
Registrar (Cantonment Areas)	Chief Executive Officer, Cantonment Board, Satwari, Jammu/ Badami Bagh, Srinagar	Defence Estates Services, GoI	Registration of events occurred in medical institutions and domiciliary events in cantonment areas as per the provision of RBD Act

FOR REGISTRARS

BIRTH REGISTRATION: NORMAL TIMELINE (WITHIN 21 DAYS)

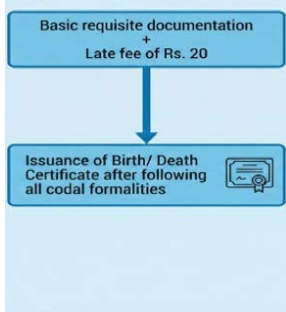


DEATH REGISTRATION: NORMAL TIMELINE (WITHIN 21 DAYS)



DELAYED REGISTRATION TIMELINE

I. After 21 days but within 30 days



II. After 30 days but within 01 year

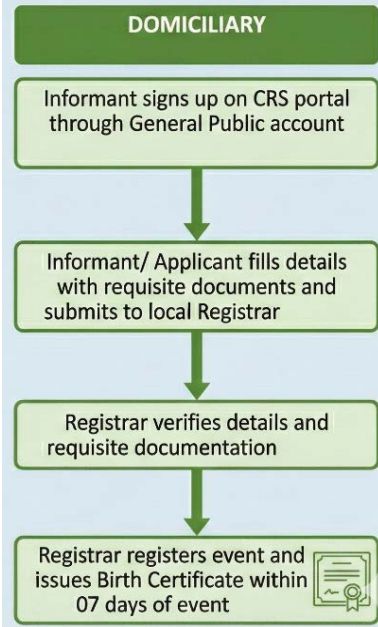


III. After 01 year



FOR GENERAL PUBLIC

BIRTH REGISTRATION: NORMAL TIMELINE (WITHIN 21 DAYS)

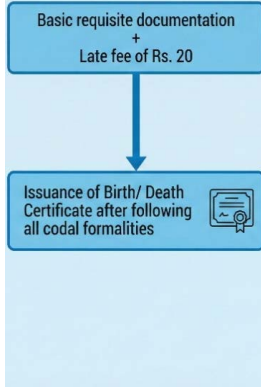


DEATH REGISTRATION: NORMAL TIMELINE (WITHIN 21 DAYS)

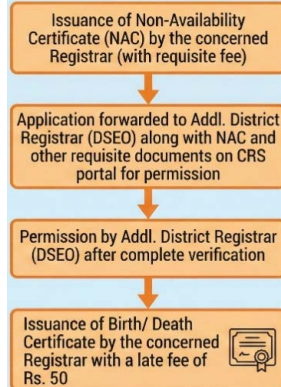


DELAYED REGISTRATION TIMELINE

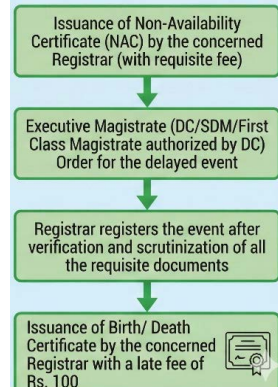
I. After 21 days but within 30 days



II. After 30 days but within 01 year



III. After 01 year



Notifications & Rules

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification,
Jammu, the 20th of Feb, 2025

S.O. 46 In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969), the Government of Jammu and Kashmir with the approval of the Central Government, hereby make the following amendments in the Jammu and Kashmir Registration of Births and Deaths Rules, 2022 notified vide S.O 494 of 2022 dated: 10th of October, 2022, namely: -

1. In rule 5, after sub-rule (3), the following sub-rules (4), (5) and (6) shall be added; namely: -

“(4) Name, wherever it occurs, in Forms referred to in these rules, shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.

(a) Date, wherever it occurs, in Forms referred to in these rules, 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.

(b) The address, wherever it occurs, in Forms referred to in these rules, 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.”

2. In rule 7: -

(a) in the marginal heading, for the word, figures and brackets “section 10(3)” the words, brackets and figures “**sub-sections (2) and (3) of section 10**” shall be substituted;

(b) after the words “**certificate as to the cause of death**”, the words, **including the history of illness, if any,**” shall be inserted;

(c) for the words, brackets and figure “**sub-section (3)**”, the words, brackets and figures “**sub-sections (2) and (3)**” shall be substituted;

(d) For the words, figures and letter “**Form No.4 or 4A**”, the words, figures and letter “**Form No. 4 and 4A respectively**” shall be substituted.

3. In rule 8: -

(a) in the marginal heading, for the words “**Extracts of registration entries to be given**”, the words “**Certificate of registration of births or deaths to be given**” shall be substituted;

(b) **in the sub-rule (1): -**

(i) for the words “**extracts of particulars**”, the words “**certificate of birth and death extracted**” shall be substituted;

(ii) after the words **“given to an informant”**, the words **“, electronically or otherwise,”** shall be inserted;

(c) **sub-rule (2)** shall be substituted by the following, namely: -

“(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.”

(d) **in sub-rule (3):-**

(iii) after the words **“shall transmit”**, the words **“electronically or otherwise”** shall be inserted;

(iv) for the word **“extracts”**, the word **“certificate”** shall be substituted;

(v) after the words **“present in the house”**, the words **“or, in his absence, the oldest adult person present,”** shall be inserted;

(e) **in sub-rule (4):-**

(vi) for the words, **“births and deaths referred to in clauses (b) to (e)”**, the words, **“births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc)”** shall be substituted;

(vii) for the word **“collect”**, the words **“obtain electronically or otherwise”** shall be substituted;

(viii) for the word **“extract”**, the word **“certificate”** shall be substituted;

(f) **in sub-rule (5)**, for the word **“extract”**, the word **“certificate”** shall be substituted.

4. In rule 9 : -

(a) **in sub-rule (1)**, for the words **“rupee two”**, the words **“twenty rupees”** shall be substituted;

(b) **for sub-rules (2) and (3)**, shall be substituted by the following, namely: -

“(2) Any birth or death of which delayed 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

or the officer prescribed in this behalf and on payment of a late fee of fifty rupees 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 authorized 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 one hundred rupees."

5. In rule 12, after the words and figure "Forms No. 1", the figure and letter ",1A" shall be inserted.

6. In rule 13:-

(a) in sub-rule (1), -

(i) for the words "an extract", the words "a certificate of birth or death" shall be substituted;

(ii) for the words and figures "issued under section 17, shall be as follow", the words and figures "issued under section 17, electronically or otherwise, shall be as follows" shall be substituted;

(iii) for the figures "2.00", wherever it occurs, the figures "20.00" shall be substituted respectively;

(iv) in clause (c), -

(i) for the word "extract", the word "certificate" shall be substituted;

(ii) for the figures "5.00", the figures "50.00" shall be substituted;

(b) in sub-rule (2), for the words "extract in regard to a birth or death shall be issued", the words and figures "certificate on the basis of extract from the register relating to birth or death shall be issued under section 17," shall be substituted;

(c) in sub-rule (4), for the word "extracts", the word "certificate" shall be substituted.

7. In rule 16, sub-rule (2), shall be substituted by the following, namely: -

"(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees 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."

8. After rule 16, the following rule shall be inserted, namely: -

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

9. In rule 17, -

- (a) **in sub-rule (2)**, for the words and figures "**court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar**", the words, brackets and figures "**permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 of the Act for delayed registration received by the Registrar**" shall be substituted;
- (b) **in sub-rule (3)**, for the words, brackets and figure "**sub-section (3)**", the words, brackets and figures "**sub-sections (2) and (3)**" shall be substituted.

10. In the principal rules, for the Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted, namely: -

- Form 1 Birth Report
- Form 1-A — Birth Report for Adopted Child
- Form 2 — Death Report
- Form 3 — Still Birth Report
- Form 4 — Medical Certificate of Cause of Death (For Hospital In-patients)
- Form 4A — Medical Certificate of Cause of Death (For Non institutional deaths)
- Form 5 — Birth Certificate
- Form 6 — Death Certificate
- Form 7 — Birth Register (Legal Information)
- Form 8 — Death Register (Legal Information)
- Form 9 — Still Birth Register (Legal Information)
- Form 10 — Non-Availability Certificate
- Form 11 — Summary Monthly Report of Births
- Form 12 — Summary Monthly Report of Deaths
- Form 13--Summary Monthly Report of Still Births
- Form 14 - Format of Self-attested document for Delayed Reporting of Birth/ Death
- Form 15 — Form for Appeal (To be submitted to District Registrar/Chief Registrar)

By order of the Lieutenant Governor.

Sd/-

(Talat Parvez Rohella), IAS

Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 20.02.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification

Srinagar, the 10th of October, 2022

S.O.494. In exercise of the powers conferred by section 30 read with section 1 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969), the Lieutenant Governor of the Union Territory of Jammu and Kashmir, with the approval of the Central Government, hereby makes the following rules; namely:-

1. Short title, extent and commencement.-

- (1) These rules may be called the Jammu and Kashmir Registration of Births and Deaths Rules, 2022.
- (2) They extend to the whole of the Union Territory of Jammu and Kashmir.
- (3) They shall come into force with effect from the 10th day of October, 2022.

2. Definitions.-

In these rules, unless the context otherwise requires,-

- (a) "Act" means the Registration of Births and Deaths Act, 1969 (Central Act of 18 of 1969);
- (b) "Form" means a Form appended to these rules; and
- (c) "Section" means a section of the Act.

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

4. Submission of report under section 4 (4).- The report under sub- section (4) of section 4 shall be prepared in the prescribed format appended to these Rules and shall be submitted along with the statistical report referred to in sub- section (2) of section 19, to the Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.

5. Form, etc, for giving information of births and deaths under section 8 and Section 9.- (1) The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in Form No.1 (Birth Report), Form No. IA (Birth of an adopted child), Form No.2 (Death Report), Form No.3 (Still Birth Report) for the registration of a birth, birth of an adopted child death and still birth respectively, hereinafter to be collectively called the reporting forms. Information if given orally shall be entered by the Registrar in the

appropriate reporting forms and the signature/ thumb impression of the informant obtained.

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

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

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

Explanation:- For the purpose of this rule the term "Vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, a boat, a ship, a railway carriage, a motor-car, a motor-cycle, a cart, a Tonga and a rickshaw etc.

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

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

- 8. Extracts of registration entries to be given under section 12.**- (1) The extracts of particulars from the register relating to births or deaths to be given to an informant under section 12 shall be in Form No. 5 or Form No. 6 as the case may be.

(2) In the case of domiciliary events of births and deaths referred to in clause (a) of sub- section (1) of section 8 which are reported direct to the Registrar of Births and Deaths, the head of 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 Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub- section (1) of section 8 which are reported by persons specified by the State Government under sub- section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar

or Births and Deaths to the concerned head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house within thirty days of its issue by the Registrar.

- (4) In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of section 8, the nearest relative of the new born or deceased may collect the extract from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth or death.
- (5) If the extract of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

9. Authority for delayed registration and fee payable thereof under section

13.(1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupee two.

(2) Any birth or death of which information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the officer prescribed in this behalf and on payment of a late fee of rupees five.

(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 Presidency Magistrate and on payment of a late fee of rupees ten.

10. Period for the purpose of Section 14.- (1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within twelve(12) months from the date of the registration of the birth of the 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 (12) months, which shall be reckoned as under: -

- (i) (a) In case where the registration had been made prior to the date of the commencement of these rule, further 05 years period from the date of commencement of this Rules shall be given. Or
- (b) In case where the registration had been made after the date of the commencement of these Rules, and 15 years period from date of registration has already been lapsed, they shall also be given 05 years period from the

date of commencement of these Rules. In respect of those cases, where 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 the commencement of these Rules, 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 rupees five.
 - (b) If the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the Government in this behalf for making the necessary entry on payment of a late fee of rupees five.
- (2) The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the extract given to him under section 12 or a certified extract issued to him under section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child or take action as laid down in clause (b) of the proviso to sub-rule (1).

11. Correction or cancellation of entry in the register of births and deaths under Section 15.-

(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 canceling 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 U T 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 UT Government or the officer 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 been made, make the necessary correction.

(3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the UT 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 report of any correction of the kind referred to therein giving necessary details to the Union Territory 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, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7, 8 and 9) respectively.

13. Fees and postal charges payable under section 17.- (1) The fees payable for a search to be made, an extract or a non-availability certificate to be issued under section 17, shall be as follow:-

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

- (2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorized by the Government in this behalf in Form No. 5 or as the case may be, in Form No. 6 and shall be certified in the manner provided for in section 76 of the Indian Evidence Act, 1872 (1 of 1872).
- (3) If any particular event of birth or death is not found registered the Registrar

shall issue a non- availability certificate in Form No.10.

- (4) Any such extract 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 therefore.

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 still births to the Chief Registrar or the officer specified by him on or before the 5th of the following month.

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

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

16. Conditions for compounding offences under Section 23. - (1) Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorized by the Chief Registrar by a general or special order in this behalf, if the officer so authorized is satisfied that the offences 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-section (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). - (l) The birth register, birth of an adopted child register, death register and still birth register shall be records of permanent importance and shall not be destroyed.

(2) The court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.

(3) The certificate as to the cause of death furnished under sub- section (3) of the section 10 shall be retained for a period of at least five years by the Chief Registrar or the officer specified by him in this behalf.

(4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months after the end of the

calendar year to which it relates and such register shall thereafter be transferred for safe custody to such officer as may be specified by the Government in this behalf.

18. Repeal and Savings. - (1) The Jammu and Kashmir Registration of Births and Deaths Rules, 1975 are hereby repealed.

(2) Notwithstanding such repeal, any action taken under the rules so repealed shall be deemed to have been taken under the corresponding provisions of these rules.

By order of the Lieutenant Governor.

Sd/-

(Dr Raghav Langer), IAS

Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification,
Srinagar, the 10th of October, 2022

S.O. **495**. In exercise of the powers conferred by sub-section (1) of section 4 of the Registration of Births and Deaths Act, 1969 (Central Act of 18 of 1969), the Lieutenant Governor of Union Territory of Jammu and Kashmir is pleased to appoint Director General, Economics and Statistics, Government of Jammu and Kashmir as Chief Registrar for the purpose of this Act, for the whole Union territory of Jammu and Kashmir.

By order of the Lieutenant Governor.

Sd/-
(Dr Raghav Langer), IAS
Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification.
Srinagar, the 10th of October, 2022

S.O. 496. In exercise of the powers conferred by sub-section (2) of section 4 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969), the Lieutenant Governor of the Union Territory of Jammu and Kashmir, is pleased to appoint the following officers as mentioned in column (2) of the table below as Additional Chief Registrar, Deputy Chief Registrar and Assistant Chief Registrar for purpose of discharging under the superintendence and directions of the Chief Registrar, such of his functions as he may, from time to time authorize them to discharge for the purpose of the said Act: -

S.No	Designated Officer	Designation under Civil Registration System
(1)	(2)	(3)
1	Regional Director, (Evaluation and Statistics), Jammu	Additional Chief Registrar for Jammu Division
2	Regional Director, (Evaluation and Statistics), Kashmir	Additional Chief Registrar for Kashmir Division
3	Joint Director (Central), Directorate of Economics and Statistics, I&K	Deputy Chief Registrar for Union Territory of J&K
4	Deputy Director (HQ), Directorate of Health Services, Jammu	Assistant Chief Registrar for Jammu Division
5	Deputy Director (HQ), Directorate of Health Services, Kashmir	Assistant Chief Registrar for Kashmir Division

By order of the Lieutenant Governor.

Sd/-

(Dr Raghav Langer), IAS

Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification.

Srinagar, the 10th of October, 2022

S.O. 497. In exercise of the powers conferred by sub-section (1) of section 6 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969), the Lieutenant Governor of Jammu and Kashmir, is pleased to appoint the following officers mentioned in column (2) of the table below as District Registrar and Additional District Registrar of Births and Deaths for the concerned District(s) in the Union Territory of Jammu and Kashmir: -

S.No	Designated Officer	Designation under Civil Registration System
(1)	(2)	(3)
1	Chief Medical Officer of the concerned district	District Registrar
2	District Statistics and Evaluation Officer of the concerned district	Additional District Registrar

By order of the Lieutenant Governor.

(Sd/-
(Dr Raghav Langer), IAS
Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification.
Srinagar, the 10th of October, 2022

S.O. 498 . In exercise of the powers conferred by sub-section (1) of section 7 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969), the Lieutenant Governor of the Union Territory of Jammu and Kashmir, is pleased to appoint the following officers mentioned in column (2) of the table below to be Registrars of Births and Deaths for institutional/domiciliary for the local area shown against each in column (3) of the said table:-

S. No	Designated Officer	Local Area
(1)	(2)	(3)
1	Block Development Officer concerned	Rural Areas which fall within the jurisdiction. This would include such of the Municipal Committee Area where MC are not operational.
2	Health Officer Srinagar Municipality Corporation	Area falling within Srinagar Municipality Corporation except cantonment area.
3	Health Officer Jammu Municipality Corporation	Area falling within Jammu Municipality corporation except cantonment area Satwari Jammu.
4	Chief Executive Officer, Cantonment Boards	Area falling within the limits of cantonment boards viz. Badami Bagh Srinagar, Satwari Jammu etc.
5	Executive Officer Municipal Council concerned	Area falling within Municipal Council limits
6	Executive Officer concerned Municipalities	Area falling within Municipalities limits

The Union Territory Government further, in exercise of the powers conferred by sub-section (1) of section 7 of the said Act and in pursuance of the Order dated 20- 09-2010 passed by the Hon'ble Supreme Court's of India, in W.P (Civil) No. 37 of 2009 notify all Panchayats and Institutional Delivery Centers such as Hospitals, Nursing Homes, CHCs, PHCs, and other as Local facilitation centers for compilation and maintenance of records regarding Births and Deaths and submission to the Registrar concerned.

By order of the Lieutenant Governor.

Sd/-

(Dr Raghav Langer), IAS

Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification.

Jammu, the 20th of feb, 2025

S.O. 47. In exercise of the powers conferred by sub-section (1) of Section 7 of the Registration of Births and Deaths Act, 1969 (Central Act of 18 of 1969), the Lieutenant Governor, is pleased to direct that in notification S.O 498 of 2022, dated 10th of Oct, 2022, in table thereto, after entry 6, the following entry shall be added; namely:-

7	Medical Superintendent/ Medical Officers (MOs) Incharge of all hospitals (Medical Colleges and Associated Hospitals, District Hospitals, Accidental Hospitals, Trauma Hospitals, Community Health Centres, Primary Health Centres, etc.)	For all the birth/death occurring in the respective Government Hospitals.
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By order of the Lieutenant Governor.

Sd/-
(Talat Parvez Rohella), IAS
Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 20.02.2025

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification.

Srinagar, the 10th of October, 2022

S.O. 499. In exercise of the powers conferred by sub section (2) of section 10 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969, the Lieutenant Governor of Jammu and Kashmir hereby directs that a certificate as to the cause of death shall be obtained by the Registrar in the "Form" annexed to this notification, from the following institutions:-

- i). All hospitals and hospital attached with Medical College in rural and urban areas of Jammu and Kashmir State owned or managed by the Government / Local Bodies/Autonomous Bodies (including the specialized hospitals).
- ii). All hospitals/nursing homes of rural and urban areas of Union Territory of Jammu and Kashmir State owned or managed by private organizations and societies established under law.
- iii). Registered Medical Officer/Practitioner for domiciliary deaths.

Further Director Health Services Jammu/Kashmir shall be the Nodal Officer and Directorate of Health Services shall be Nodal Agency for collection, coordination and providing data relating to the MCCD from all the Registrars/ Health Institutions in respective division to the Chief Registrar Births and Deaths to UT of J&K.

By order of the Lieutenant Governor.

Sd/-
(Dr Raghav Langer), IAS
Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification,
Srinagar, the 10th of October, 2022

S.O 500 In exercise of the powers conferred by sub-section (1) of section 10 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969), and in pursuance of the order dated 20.09.2010 passed by the Hon'ble Supreme Court of India, in W.P (C) No 37/2009, the Hon'ble Lieutenant Governor of the Union Territory of Jammu and Kashmir, is pleased to notify the following classes of persons as notifiers/informants for Registration of Births and Deaths:-

"Auxiliary Nursing Midwives (ANM) / Accredited Social Health Activist (ASHAs), Dais, Anganwari Workers, Head Masters of Government School, Village Chowkidar / Caretaker/ In-charge of Cremation Grounds/ Burials Grounds".

By order of the Lieutenant Governor.

Sd/-
(Dr Raghav Langer), IAS
Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Government of Jammu & Kashmir
Planning Development & Monitoring Department
Civil Secretariat, J&K, Srinagar

Notification.

Srinagar, the 10th of October, 2022

S.O. 501 In exercise of the powers conferred by sub-section (2) of section 13 of the Registration of Births and Deaths Act, 1969, (Central Act of 18 of 1969), the Hon'ble Lieutenant Governor of the Union Territory of Jammu and Kashmir, is pleased to authorize Additional District Registrar (District Statistics & Evaluation Officer) for giving permission for any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence.

By order of the Lieutenant Governor.

Sd/-
(Dr Raghav Langer), IAS
Secretary to Government,
Planning, Dev., & Monitoring Department

No: PDMD-PFD/47/2021

Dated: 10.10.2022

Civil Registration System Forms

Instructions for completing the Form 1: BIRTH 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. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,9	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. There should be minimum two characters in either [first name] or [middle name] or [last name]. 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).																									
6,7,8,9	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.																									
8	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.																									
10	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
12,13	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">1.Pre-Primary</td> <td style="text-align: center;">6.Class 5</td> <td style="text-align: center;">11.Class 10</td> <td style="text-align: center;">16. Bachelor Undergraduate /</td> <td style="text-align: center;">21. Literate without formal education</td> </tr> <tr> <td style="text-align: center;">2.Class 1</td> <td style="text-align: center;">7.Class 6</td> <td style="text-align: center;">12.Class 11</td> <td style="text-align: center;">17. PG Diploma</td> <td style="text-align: center;">22. Illiterate</td> </tr> <tr> <td style="text-align: center;">3.Class 2</td> <td style="text-align: center;">8.Class 7</td> <td style="text-align: center;">13.Class 12</td> <td style="text-align: center;">18. Master / Post graduate</td> <td></td> </tr> <tr> <td style="text-align: center;">4.Class 3</td> <td style="text-align: center;">9.Class 8</td> <td style="text-align: center;">14.ITI</td> <td style="text-align: center;">19. M.Phil</td> <td></td> </tr> <tr> <td style="text-align: center;">5.Class 4</td> <td style="text-align: center;">10.Class 9</td> <td style="text-align: center;">15.Diploma Certificate /</td> <td style="text-align: center;">20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate /	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate /	20. Doctorate & above	
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5.Class 4	10.Class 9	15.Diploma Certificate /	20. Doctorate & above																							
14, 15	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 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

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

1*. **Date of Birth** :

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
 (b) Aadhaar No. (if available):

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

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

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

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

8. **Adoptive Father's Details:-**
 (a) 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 "H Institution" or the address of the "House" or "Other place" where the birth took place) :
 1. Hospital / Institution **Name** : _____
 2. House **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:
 (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 Act, 1969 (amended in 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)

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:**

To be detached and sent for statistical processing

ospital /

Date: **Signature or left thumb mark of the informant** (Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

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

Name and Signature of the Registrar

To be filled by the Registrar

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

Registration Unit : _____ Registration No. : _____
 Registration Date:
 Date of Birth :
 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

Item No.	Instructions																									
1, 6	<p>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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three.</p> <p>If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be.</p> <p>Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.</p>																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,7,8,13	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. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
9,10,11,12,13	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.																									
15,16	<p>Level of Education – Write one of following—</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">1.Pre-Primary</td> <td style="text-align: center;">6.Class 5</td> <td style="text-align: center;">11.Class 10</td> <td style="text-align: center;">16. Bachelor Undergraduate /</td> <td style="text-align: center;">21. Literate without formal education</td> </tr> <tr> <td style="text-align: center;">2.Class 1</td> <td style="text-align: center;">7.Class 6</td> <td style="text-align: center;">12.Class 11</td> <td style="text-align: center;">17. PG Diploma</td> <td style="text-align: center;">22. Illiterate</td> </tr> <tr> <td style="text-align: center;">3.Class 2</td> <td style="text-align: center;">8.Class 7</td> <td style="text-align: center;">13.Class 12</td> <td style="text-align: center;">18. Master / Post graduate</td> <td></td> </tr> <tr> <td style="text-align: center;">4.Class 3</td> <td style="text-align: center;">9.Class 8</td> <td style="text-align: center;">14.ITI</td> <td style="text-align: center;">19. M.Phil</td> <td></td> </tr> <tr> <td style="text-align: center;">5.Class 4</td> <td style="text-align: center;">10.Class 9</td> <td style="text-align: center;">15.Diploma Certificate /</td> <td style="text-align: center;">20. Doctorate & above</td> <td></td> </tr> </tbody> </table> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p>	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate /	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate /	20. Doctorate & above	
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17,18	<p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> 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 responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 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

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

1. **Date of Death**

2. **Deceased's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Date of Birth (if available):
 (d) Age:

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

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

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

6. **Spouse's (husband / wife) Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Date of Birth (if available):
 (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 death 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:
 (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 Act, 1969 (amended in 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)

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 deceased usually lived. This can be different from the place where the death 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?** _____

Date: **Signature or left thumb mark of the informant** _____ *(Columns to be filled are over. Now put signature at left)*

To be filled by the Registrar

Registration No. : _____
 Registration Date:
 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 filled by the Registrar

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

Registration Unit : _____
 Registration No. : _____
 Registration Date:
 Date of Death :
 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 Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. 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. There should be minimum two characters in either [first name] or [middle name] or [last name].
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.

Instructions for completing the Form 3: STILL BIRTH 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. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,6	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. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
5,6	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.																									
5	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.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1. Pre-Primary</td> <td style="text-align: center;">6. Class 5</td> <td style="text-align: center;">11. Class 10</td> <td style="text-align: center;">16. Bachelor Undergraduate</td> <td style="text-align: center;">/ 21. Literate without formal education</td> </tr> <tr> <td style="text-align: center;">2. Class 1</td> <td style="text-align: center;">7. Class 6</td> <td style="text-align: center;">12. Class 11</td> <td style="text-align: center;">17. PG Diploma</td> <td style="text-align: center;">22. Illiterate</td> </tr> <tr> <td style="text-align: center;">3. Class 2</td> <td style="text-align: center;">8. Class 7</td> <td style="text-align: center;">13. Class 12</td> <td style="text-align: center;">18. Master / Post graduate</td> <td></td> </tr> <tr> <td style="text-align: center;">4. Class 3</td> <td style="text-align: center;">9. Class 8</td> <td style="text-align: center;">14. ITI</td> <td style="text-align: center;">19. M.Phil</td> <td></td> </tr> <tr> <td style="text-align: center;">5. Class 4</td> <td style="text-align: center;">10. Class 9</td> <td style="text-align: center;">15. Diploma / Certificate</td> <td style="text-align: center;">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)	1. Pre-Primary	6. Class 5	11. Class 10	16. Bachelor Undergraduate	/ 21. Literate without formal education	2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate	3. Class 2	8. Class 7	13. Class 12	18. Master / Post graduate		4. Class 3	9. Class 8	14. ITI	19. M.Phil		5. Class 4	10. Class 9	15. Diploma / Certificate	20. Doctorate & above	
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2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate																						
3. Class 2	8. Class 7	13. Class 12	18. Master / Post graduate																							
4. Class 3	9. Class 8	14. ITI	19. M.Phil																							
5. Class 4	10. Class 9	15. Diploma / Certificate	20. Doctorate & above																							
12.	Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1. Bleeding (Haemorrhage)</td> <td style="text-align: center;">7. Diabetes in the mother</td> <td style="text-align: center;">13. Infection in the mother Parvovirus B19</td> </tr> <tr> <td style="text-align: center;">2. Problems with Placental</td> <td style="text-align: center;">8. Infection in the mother Coxsackie virus</td> <td style="text-align: center;">14. Infection in the mother Q fever</td> </tr> <tr> <td style="text-align: center;">3. Problem with umbilical cord</td> <td style="text-align: center;">9. Infection in the mother Herpes simplex</td> <td style="text-align: center;">15. Infection in the mother Rubella (German measles)</td> </tr> <tr> <td style="text-align: center;">4. Pre-eclampsia</td> <td style="text-align: center;">10. Infection in the mother Leptospirosis</td> <td style="text-align: center;">16. Infection in the mother Flu</td> </tr> <tr> <td style="text-align: center;">5. Genetic physical defect in the baby</td> <td style="text-align: center;">11. Infection in the mother Lyme disease</td> <td style="text-align: center;">17. Infection in the mother Toxoplasmosis</td> </tr> <tr> <td style="text-align: center;">6. Liver disorder in the mother (obstetric cholestas)</td> <td style="text-align: center;">12. Infection in the mother Malaria</td> <td style="text-align: center;">18. Not stated</td> </tr> </table>	1. Bleeding (Haemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestas)	12. Infection in the mother Malaria	18. Not stated							
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6. Liver disorder in the mother (obstetric cholestas)	12. Infection in the mother Malaria	18. Not stated																								

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

--	--	--	--	--	--	--	--	--	--

 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? 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. There should be minimum two characters in either [first name] or [middle name] or [last name]. 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 Act, 1969 (amended in 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 Act, 1969 (amended in 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:					For use of Statistical Office
	First Name	Middle Name	Last Name		
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					
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)		Interval between onset and death approx.
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? If yes, was there a delivery? 1. Yes 2. No 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. There should be minimum two characters in either [first name] or [middle name] or [last name]. 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 Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.

सं . No.



प्रपत्र-5

Form-5



सरकार

GOVERNMENT OF

.....विभाग /.. (प्रमाणपत्र जारी करने वाले स्थानीय निकाय का नाम).....

DEPARTMENT OF/. (Name of local body issuing certificate).

जन्म प्रमाण पत्र

BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12/17 तथा (राज्य का नाम)..... जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम (संशोधित नियमों को अधिसूचित किए जाने का वर्ष)..... के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 | 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State) Registration of Births and Deaths (Amendment) Rules (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि स्थानीय क्षेत्र उप-जिला जिला..... राज्य के रजिस्टर में निम्नलिखित है।

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

नाम/Name.....

लिंग/Sex.....

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of Birth.....

माता का नाम/Name of Mother.....

माता का आधार नं./Aadhaar No. of Mother

X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

पिता का नाम/Name of Father.....

पिता का आधार नं. /Aadhaar No. of Father

X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

बच्चे के जन्म के समय माता-पिता का पता / माता पिता का स्थायी पता /

Address of parents at the time of birth of the child : Permanent address of parents

.....

.....

.....

.....

पंजीकरण संख्या/ Registration No : पंजीकरण की तिथि / Date of Registration.....

टिप्पणी / Remarks (if any)

जारी करने की तिथि/ Date of issue :

प्राधिकारी के हस्ताक्षर / Signature of issuing authority
प्राधिकारी का पता / Address of the issuing authority
मोहर / seal

प्रत्येक जन्म एवम मृत्यु का पंजीकरण सुनिश्चित करें / Ensure registration of every birth and death

सं . No.



प्रपत्र-5

Form-5



सरकार

GOVERNMENT OF

विभाग /.. (प्रमाणपत्र जारी करने वाले स्थानीय निकाय का नाम).....

DEPARTMENT OF/. (Name of local body issuing certificate).

मृत्यु-प्रमाण पत्र

DEATH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12/17 तथा (राज्य का नाम)..... जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम (संशोधित नियमों को अधिसूचित किए जाने का वर्ष)..... के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 | 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State) Registration of Births and Deaths (Amendment) Rules (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि स्थानीय क्षेत्र उप-जिला

जिला..... राज्य के रजिस्टर में निम्नलिखित है।

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

नाम/Name.....

मृतक का आधार नं. / Aadhaar No. of deceased

X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

लिंग/Sex.....

जन्म तिथि/Date of Death.....

जन्म स्थान/Place of Death

माता का नाम/Name of Mother.....

माता का आधार नं./Aadhaar No. of Mother

X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

पिता का नाम/Name of Father.....

पिता का आधार नं. /Aadhaar No. of Father

X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

पति / पत्नी का नाम / Name of Husband / Wife.....

पति / पत्नी का आधार नं. / Aadhaar No. of Husband / Wife

X	X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

मृतक का मृत्यु के समय का पता/

मृतक का स्थायी पता /

Address of the deceased at the time of death :

Permanent address of the deceased :

.....

.....

.....

.....

.....

.....

पंजीकरण संख्या/ Registration No :

पंजीकरण की तिथि / Date of Registration.....

टिप्पणी / Remarks (if any)

जारी करने की तिथि/ Date of issue :

प्राधिकारी के हस्ताक्षर / Signature of issuing authority

प्राधिकारी का पता / Address of the issuing authority

मोहर / seal

प्रत्येक जन्म एवम मृत्यु का पंजीकरण सुनिश्चित करें / 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:**

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

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

(a) Name, if any :

(b) Aadhaar No. (if available):

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

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

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

(a) 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:

(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 Act, 1969 (amended in 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:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. : _____

Registration Date:

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**

2. **Deceased's Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Date of Birth (if available):

(d) Age:

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

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

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

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

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. **Spouse's (husband / wife) Details:-**

(a) Name:

(b) Aadhaar No. (if available):

(c) Date of Birth (if available):

(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 death 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:

(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 Act, 1969 (amended in 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: **Signature or left thumb mark of the informant**

To be filled by the Registrar

Registration No. :

Registration Date:

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 Still Birth Register

<i>To be filled by the informant</i>	
1.	Date of Birth : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	Father's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(c)	Mobile No: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(d)	Email Id: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
4.	Mother's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(c)	Aadhaar No. (if available): <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(d)	Mobile No: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(d)	Email Id: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
6.	Informant's Details:
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(c)	Mobile No: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(d)	Email Id: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(e)	Address : House No: _____ Ward number (in case of town and if available): _____ Locality: _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
DECLARATION:	
<input type="checkbox"/> 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 Act, 1969 (amended in 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.	
<i>(After completing all columns 1 to 12, informant will put date and signature)</i>	
Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature or left thumb mark of the informant
<i>To be filled by the Registrar</i>	
Registration No. :	
Registration Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="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 Act, 1969 (amended in 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/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

**Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023)
DECLARATION**

I.....son/daughter/wife 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
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. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. 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. There should be minimum two characters in either [first name] or [middle name] or [last name].
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 Act, 1969 (amended in 2023))

1. Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act as 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 or any officer authorized to act as Registrar / District 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. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. 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. There should be minimum two characters in either [first name] or [middle name] or [last name].
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."

By order of the Governor

(_____)
Secretary to the Government of

क्रमांक 1
S.No.1



जम्मू और कश्मीर सरकार

GOVERNMENT OF JAMMU AND KASHMIR
योजना, विकास एवं निगरानी विभाग निदेशालय
PLANNING, DEVELOPMENT & MONITORING DEPARTMENT
DIRECTORATE OF ECONOMICS & STATISTICS

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

प्रपत्र 5
FORM5



(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा जम्मू और कश्मीर जन्म और मृत्यु रजिस्ट्रीकरण नियम 2022 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE JAMMU AND KASHMIR REGISTRATION OF BIRTHS & DEATHS RULES 2022)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि तहसील जम्मू जिला जम्मू राज्य/संघ प्रदेश जम्मू और कश्मीर, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR JAMMU MUNICIPAL CORPORATION OF TAHSIL/BLOCK JAMMU OF DISTRICT JAMMU OF STATE/UNION TERRITORY OF JAMMU AND KASHMIR, INDIA

नाम / NAME:

लिंग / SEX:

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:

जन्म स्थान / PLACE OF BIRTH:

माता का नाम / NAME OF MOTHER:

पिता का नाम / NAME OF FATHER:

माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:

पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

माता-पिता का स्थायी पता / PERMANENT ADDRESS OF PARENTS:

पंजीकरण संख्या / REGISTRATION NUMBER:

पंजीकरण दिनांक / DATE OF REGISTRATION:

टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:

Updated On :



'This QR code can be used to check the authenticity of the certificate'

प्रधिकारी के हस्ताक्षर / SIGNATURE OF ISSUING AUTHORITY :

रिजिस्ट्रार (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

संख्या 2
S.No.2



प्रपत्र 6
FORM 6

जम्मू और कश्मीर सरकार
GOVERNMENT OF JAMMU AND KASHMIR
योजना, विकास एवं निगरानी विभाग निदेशालय
PLANNING, DEVELOPMENT & MONITORING DEPARTMENT
DIRECTORATE OF ECONOMICS & STATISTICS
मृत्यु प्रमाण पत्र
DEATH CERTIFICATE



(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा जम्मू और कश्मीर जन्म और मृत्यु रजिस्ट्रीकरण नियम 2022 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE JAMMU AND KASHMIR REGISTRATION OF BIRTHS AND DEATHS RULES 2022)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि जेएलएनएच हॉस्पिटल राइनवारी तहसील श्रीनगर (उत्तर) जिला श्रीनगर राज्य/संघ प्रदेश जम्मू और कश्मीर, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR JLNH HOSPITAL RAINAWARI OF TAHSIL/BLOCK SRINAGAR (NORTH) OF DISTRICT SRINAGAR OF STATE/UNION TERRITORY JAMMU AND KASHMIR, INDIA

मृतक का नाम / NAME OF DECEASED: लिंग / SEX:
आधार संख्या / AADHAAR NUMBER: मृतक की आयु / AGE OF DECEASED:
मृत्यु की तिथि / DATE OF DEATH: मृत्यु का स्थान / PLACE OF DEATH:
पति/पत्नी का नाम / NAME OF HUSBAND / WIFE: पति/पत्नी का आधार संख्या / AADHAAR NUMBER OF HUSBAND / WIFE:
माता का नाम / NAME OF MOTHER: माता का आधार नंबर / AADHAAR NUMBER OF MOTHER:
पिता का नाम / NAME OF FATHER: पिता का आधार नंबर / AADHAAR NUMBER OF FATHER:
मृतक का मृत्यु के समय का पता / ADDRESS OF THE DECEASED AT THE TIME OF DEATH: मृतक का स्थायी पता / PERMANENT ADDRESS OF DECEASED :
पंजीकरण संख्या / REGISTRATION NUMBER: पंजीकरण दिनांक / DATE OF REGISTRATION:
टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):
जारी करने की तिथि / DATE OF ISSUE:

Updated On :



प्राधिकारी के हस्ताक्षर / SIGNATURE OF ISSUING AUTHORITY :
रजिस्ट्रार (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)

'This QR code can be used to check the authenticity of the certificate'

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

Frequently Asked Questions(FAQs)

Civil Registration System

Civil Registration is a continuous, permanent, compulsory recording of the occurrence and characteristics of vital events, like births, deaths and still births. In India the registration of births and deaths is carried out under provisions of the Registration of Birth and Death (RBD) Act, 1969 (amended in 2023) and Registrar General of India is entrusted with the responsibilities of co-ordinating and unifying the activities of the Chief Registrar of Births and Deaths. Chief Registrar of Births and Deaths in each States/UTs is the implementing authority and the registration of births and deaths is done by the local registrars appointed by the State Government under whose jurisdiction the event has taken place. It is the duty of the Chief Registrar to compile, publish and submit the Annual Statistical Report based on Civil Registration System to the State Government as well as Registrar General, India.

1. What is the time period prescribed for registering the event?

The normal period of 21 days (from the date of occurrence) has been prescribed for reporting the birth, death and still birth events.

2. Is there any fee for registration of births and deaths?

If event of a birth or death is reported for registration to the prescribed authority within the normal period of 21 days, no fee would be charged.

3. Whether registration can be made after the normal period of reporting?

If any event of birth or death is not reported for registration within 21 days, the same can be reported any time under the Delayed Registration provisions prescribed under Section 13 of the Act with payment of fee prescribed.

4. Who are responsible for reporting the event?

(i) In respect of birth or death occurred in a house, it is the duty

of the Head of the house/household or nearest relative of the head present in the house or in the absence of any such person, the oldest person present therein during the said period is responsible to report the event to the concerned Registrar/ sub Registrar. These events can also be reported through the prescribed Notifiers such as Anaganwadi Workers, ANM's, ASHA's and others.

(ii) In respect of birth or death occurred **In a hospital, health center, Maternity or nursing home or other such institutions, the medical officer In-charge or any person authorized by him** in this behalf is responsible for reporting. These events are **NOT** to be reported by persons specified in (i) above.

5. Whom to approach for registration?

The events of birth and death are registered at the place of occurrence of the event i.e. where the event took place. Under the provision of Section 7 of the RBD Act, the Registrars of Births and Deaths are appointed for each local area comprising the area within the jurisdiction of the Municipality, Panchayat or other local authority. The Sub- Registrars are also appointed under section 7(5) of the Act and assigned them any or all powers of Registrars.

(i) At Rural level, the registration work is entrusted to the officials of Panchayat, Health, Revenue, Education and Police Departments of States/UTs. In urban areas, the Health Officer of Municipal Corporation / Municipalities etc. or in absence of such a post, the Executive Officer of the town administration functions as the Registrar of Births and Deaths.

(ii) **Registration centers/ units In Government Hospitals-** In addition to that registration centers/ units have also been opened in major Government hospitals, CHC's/ PHC's in majority of the State. Birth and death event that occurred in that institutions are registered their and certificate of birth/ death is issued by the Medical officer in charge or

equivalent who has been declared as Registrar or Sub Registrar of births and deaths.

- (iii) The events which occurred in private hospital and those hospitals where registration units have not opened will be reported to the concerned Registrar of that area where the hospital exists. Such event will be reported by the institution concerned.

6. How many copies of birth or death certificate can be obtained?

One free copy of birth / death certificate is issued to the informant under Section 12 of the RBD Act. Under the provision of Section 17 of the Act, any number of copies can be obtained by any one after paying the prescribed fee.

7. Whether a birth certificate can be obtained without the name of a child?

Under the provision of Section 14 of the Act, a birth certificate can be obtained without the name of the child. In such cases, the name can be entered by the concerned registration authority without any charge within 12 months and by charging the prescribed fee up to 15 years (from the date of registration), extended from time to time.

8. What are the benefits of registration of birth and death?

The birth certificate is the first right of the child and it is the first step towards establishing its identity. The following compulsory uses of birth and death certificates are emerged:

- For admission to schools
- As proof of age for employment.
- For proof of age at marriage.
- To establish parentage.
- To establish age for purpose of enrollment in Electoral Rolls.
- To establish age for insurance purposes.
- For registering in National Population Register (NPR).

- Production of death certificate for the purpose of inheritance of property and for claiming dues from insurance companies and other companies.

9. Whether a correction is allowed after registration?

Corrections or Cancellations are allowed under the provision of Section 15 of the RBD Act and the corresponding State Rules made there under.

10. If birth occurred to Indian Citizen abroad (outside India), Is there any provision to register such birth in India. ?

In case, any child born outside India, his/her birth would be registered under the Citizenship Act 1955 and Citizens (Registration at Indian consulates) Rules, 1956 at the Indian Missions. However, under Section 20 of the RBD Act, if the parents of the child return to India with a view to settling therein, the said birth can be registered within sixty days from the date of arrival of the child in India at the place of settling. If this birth cannot be registered within 60 days, the same can be registered under the delayed registration provisions of section 13 (2) & (3) of the said Act.

11. Whether birth certificate is mandatory to prove the date and place of birth?

The birth certificate is mandatory to prove the date and place of birth of a person who is born on or after 1st October, 2023 for the purposes of—

- (a) admission to an educational institution;
- (b) issuance of a driving licence;
- (c) preparation of a voter list;
- (d) registration of a marriage;
- (e) appointment to a post in the Central Government or State Government or a local body or public sector undertaking or in any statutory or autonomous body under the Central Government or State Government;
- (f) issuance of a passport;
- (g) issuance of an Aadhaar number; and

(h) any other purpose as may be determined by the Central Government.”

12. Is there any mechanism for addressing grievances of general public?

Yes. As per section 25A of the Act, the following provision exists:

25A.(1) Any person aggrieved by any action or order of,—

(i) the Registrar, may prefer an appeal to the District Registrar,
or

(ii) the District Registrar, may prefer an appeal to the Chief Registrar, within a period of thirty days from the date of such action or receipt of such order, as the case may be, in such form and manner as may be prescribed.

(2) The District Registrar or the Chief Registrar, as the case may be, shall decide the appeal referred to in sub-section (1) within a period of ninety days from the date of preferring of such appeal.



सत्यमेव जयते

Chief Registrar, Births and Deaths, J&K

(Directorate of Economics and Statistics, J&K)

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