

BIRTH REPORT

Form No. 2 (see Rule 5)
 PART-I (Legal Information)
 (This part to be added to the Birth Register)

(To be filled by the informant)

1. Date of Birth.....
2. Sex.....
3. Name of the child (if any).....
4. Name of the Father.....
5. Name of the Mother.....
6. Permanent Address.....
7. Place of Birth:
 (1) Hospital/ Institution Name.....
 (2) House Address.....
8. Order of Birth.....
9. Informant's Name.....
 Address.....

Date..... Signature or Left Thumb Mark of the Informant

(To be filled by the Registrar)

Registration No. Registration Date:

Registration Unit:

Town/Village: District:

Remarks (if any):

Name and Signature of Registrar

BIRTH REPORT

Form No. 2 (see Rule 5)
 PART-II (Statistical Information)
 (This part to be detached and sent for statistical processing)

(To be filled by the informant)

10. Town or Village of Residence of the Mother:
 (a) Name of Town/ Village.....
 (b) Is it a Town or Village : (Put a mark)
 (i) Town (ii) Village
 (c) Name of the District.....
 (d) Name of State.....
11. Religion of the family:
 (1) Hindu (2) Muslim (3) Christian
 (4) Sikh (5) Any other religion
12. Father's level of education.....
13. Mother's level of education.....
14. Father's occupation.....
15. Mother's occupation.....
16. Age of the mother (in completed years) at the time of Marriage.....
17. Age of the mother (in completed years) at the time of this Birth.....
18. Number of children born alive to the mother so far including this child.....
19. Type of attention at delivery (Tick the appropriate entry below)
 (a) Institutional-Government
 (b) Institutional-Private or Non-Government
 (c) Doctor, Nurse or Trained Midwife
 (d) Traditional Birth Attendant
 (e) Relatives or others
20. Method of Delivery:
 (a) Normal
 (b) Caesarian
 (c) Forceps/ Vacuum
21. Birth Weight (in kgs.).....
22. Duration of pregnancy (in weeks).....

(To be filled by the Registrar)

Name: Code No.:

District:

Tahasil:

Town/ Village:

Registration Unit:

Registration No.:

Registration Date:

Date of Birth:

Sex: 1. Male 2. Female

Place of Birth: 1. Hospital / Institution 2. House

Name and Signature of the Registrar

DEATH REPORT

Form No. 3 (See Rule 5)
PART-I (Legal information)

(This part to be added to the Death Register)

(To be filled by the informant)

1. Date of Death.....
2. Name of the deceased.....
3. Sex of the deceased.....
4. Name of Father/Husband.....
5. Age of the deceased.....
6. Permanent Address.....
7. Place of Death :
(1) Hospital/ Institution : Name.....
(2) House..... Address.....
8. Informant's Name..... Address.....

Date..... Signature
or Left Thumb Mark of the Informant
(To be filled by the Registrar)

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

Name and Signature of the Registrar

DEATH REPORT

Form No.3 (See Rule 5)
PART-II (Statistical information)

(This part to be detached and sent for statistical processing)

(To be filled by the Informant)

9. Town or village of residence of the deceased :
(a) Name of town / village
(b) Is it a town or village : (Put a mark)
(1) Town (2) village
(c) Name of District :
(d) Name of State :
10. Religion :
(1) Hindu, (2) Muslim, (3) Christian,
(4) Sikh, (5) Any other Religion.
11. Occupation of the deceased :
12. Type of medical attention received before death:
(1) Institutional
(2) Medical attention other than institutional
(3) No medical attention
13. Was the cause of death medically certified ?
1. Yes 2. No
14. Name of disease or actual cause of death :
15. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy
1. Yes 2. No
16. If used to habitually smoke, for how many years ?
17. If used to habitually chew tobacco, in any form, for how many years ?
18. If used to habitually chew arecanut in any form (including pan masala), for how many years ?
19. If used to habitually drink alcohol, for how many years ?

(To be filled by the Registrar)

Name : Code No.
District :
Tahasil :
Town/Village :
Registration Unit :

Registration No.
Registration Date
Date of Death
Sex : 1. Male, 2. Female
Age : Years/months/days/hours
Place of Death
1. Hospital/Institution
2. House 3. Other place

Name and Signature of the Registrar