

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

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

To be filled by the informant

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 22, informant will put date and signature)

To be detached and sent for statistical processing

To be filled by the informant

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

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

12. **Father's level of education:** _____
 13. **Mother's level of education:** _____
 14. **Father's Occupation:** _____
 15. **Mother's Occupation:** _____

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

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

18. **Number of children born alive to the mother so far including this child** (Number of children born alive to include also those from earlier marriage(s), if any) : _____

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

20. **Method of Delivery** (Tick the appropriate entry below):
 1. Natural
 2. Caesarean
 3. Forceps/Vacuum

21. **Birth Weight (in kgs.)** (if available) : _____

22. **Duration of pregnancy** (in weeks) : _____

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

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



प्रपत्र- 5

Form-5

सं.No.

State
Govt.
Emblem..... सरकार
GOVERNMENT OFविभाग/.. (प्रमाणपत्र जारी करने वाले स्थानीयनिकाय 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 नियम 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.....

जिलाराज्य 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 (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 न० /Aadhaar No. of Mother:

X	X	X	X	X	X	X	X	X				
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पिता का नाम/Name of Father

पिता का आधार न० /Aadhaar No. of Father:

X	X	X	X	X	X	X	X	X				
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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:

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पंजीकरण संख्या/Registration No :.....

पंजीकरण दिनांक/Date of Registration.....

टिप्पणी/Remarks (if any).....

जारी करने की तिथि/Date of issue:.....

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority

प्राधिकारी का पता/ Address of the issuing authority

मोहर/Seal

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